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Item 9 of the provisional agenda*

For action

Recommendation for supplementary funding without a recommendation for funding from general resources**

Uganda

Summary

The present document contains a recommendation for supplementary funding for which no recommendation for funding from general resources is requested for the country programme of Uganda. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme in the country concerned. The Executive Director *recommends* that the Executive Board approve supplementary funding in the amount of $11,967,300 for the health and water and environmental sanitation programmes, subject to the availability of specific-purpose contributions, for the year 2000.

* E/ICEF/1999/15

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-18451 (E) 190799

The situation of children and women

1. According to the 1995 Uganda Demographic and Health Survey (DHS), some of the key social indicators have improved since 1989, although they still remain among the worst in the developing world. The infant mortality rate is now estimated at 97 per 1,000 live births, compared to 122 in 1991; the under-five mortality rate is reportedly 147 per 1,000 live births, down from 203 in 1991; and the maternal mortality ratio stands at 506 per 100,000 live births. In addition, over one third of children under 36 months old are stunted. Since the 1989 DHS, the proportion of children 3–35 months of age who are stunted has decreased by 16 per cent, while the proportion who are wasted has more than doubled, indicating a significant increase in vulnerability.

2. The HIV/AIDS pandemic, which has had a devastating impact on the country's social structure and economy, has plateaued in the past two years. Current estimates reveal that approximately 1.5 million Ugandans are infected with HIV. The percentage of the population infected with HIV in the worst affected areas has stabilized at around 30 per cent. According to the 1996 Ministry of Health report on the sexually transmitted disease/AIDS control programme, almost 8 per cent of the 48,312 reported AIDS cases at the end of 1995 involved children below 12 years of age; and although there is a 1:1 female-to-male ratio in overall cases, in the 15- to 19-year-old age group, there is a 1:6 male-to-female ratio. According to estimates by the Uganda Community-based Association for Child Welfare, some 120,000 children a year become orphans (defined in Uganda as having lost one or both parents) due to AIDS.

3. At the time of the development of the current country programme, Uganda was enjoying a level of security that it had not enjoyed since 1972. However, with increased internal disturbances in the north and turmoil in the neighbouring Democratic Republic of the Congo, insecurity has returned to the western part of Uganda.

Programme cooperation, 1995–2000

4. The country programme is designed to contribute to the achievement of the Uganda National Programme of Action for Children. Although issues of children's rights were not explicitly addressed in the design of the programme, they are enshrined in the major goals of the country programme:

(a) That all Ugandan children are born into a social environment that fully embraces their rights, is fully cognizant of their basic needs and makes all efforts to meet these needs with available resources;

(b) That, within their social environment, all Ugandan women and girl children enjoy equal rights as do males to development opportunities and are freed from all forms of discrimination.

Justification for additional funds

5. The UNICEF Executive Board approved the 1995–2000 Government of Uganda-UNICEF health and water/environmental sanitation (WES) programmes, with a total budget of $60.2 million ($32.8 million for health and $27.4 million for WES) in 1995 (E/ICEF/1995/P/L.13). Opportunities to accelerate implementation of these programmes include the decentralization process and the political stability which has created a favourable environment for fund-raising for programme activities. Furthermore, increased emphasis on building the capacity of districts to implement activities through the private sector, a favourable policy environment and innovative implementation arrangements have significantly increased the rate of programme implementation.

6. Negotiations for supplementary funds for the requested increase in the supplementary funding ceiling for the country programme of cooperation have already begun. A firm commitment has been received from the Swedish International Development Authority for 50 per cent of the funds requested for the WES programme, and negotiations have begun with the Government of the Netherlands and the United States Agency for International Development for the remaining funds. For the health programme, the Department for International Development (United Kingdom) and the Norwegian Agency for International Development have both indicated an interest in providing funds for the components presented under this request.

Health

7. Following Executive Board approval of the country programme in 1995, and beginning in 1996, the global effort to eradicate poliomyelitis was initiated. National Immunizations Days (NIDs), the strategic approach to polio eradication, have been very successful in achieving and maintaining optimal coverage for oral polio vaccine. Increased donor support for polio eradication has allowed

for a highly successful social mobilization campaign that has made NIDs a great success in Uganda. In 1998, vitamin A supplementation was coupled with polio immunization, and in one district, measles vaccination was also added, with very successful results (95 per cent coverage).

8. When the country programme was developed in 1993/94, efforts to eradicate poliomyelitis were not envisaged, and expenditures for NIDs were not included in the approved budget. As a result of the additional expenditures on NIDs for poliomyelitis eradication, the health programme has exceeded its approved budget ceiling. Therefore, to achieve the objectives of the health programme, as approved by the Executive Board, an additional amount of $7,467,300 is required for the year 2000.

Water and environmental sanitation

9. The Government of Uganda introduced its universal primary education (UPE) initiative in 1996. In 1997, in a process led by the WES programme, the Government re-examined its approach to sanitation, following the inclusion of improved sanitation in the President's Election Manifesto of 1996. As a result, the critical importance of the need to improve school sanitation was highlighted.

10. A major constraint to effective implementation has been insufficient capacity at the district level. Donors have been willing to provide additional resources to help build this capacity. Finally, two consolidated emergency appeals have been made for the Great Lakes Region; UNICEF is the lead agency in Uganda for both water and sanitation. It is expected that a third consolidated emergency appeal will be required for the year 2000. As a result of all of the above, the WES programme has already received commitments in excess of the approved budget.

11. To complete building the capacity required to continue to implement the WES programme in a sustainable manner, to take full advantage of the opportunity provided by UPE and to provide basic services for the internally displaced, the WES programme requires an additional amount of $4,500,000 for the year 2000.

Estimated annual expenditure

(In thousands of United States dollars)

	2000
Health	7 467.3
Water and environmental sanitation	4 500.0
Total	11 967.3

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For action

Recommendation for funding for the short-duration country programme**

Democratic Republic of the Congo

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme for the Democratic Republic of the Congo of three years that supports activities where the country programme is under preparation. The Executive Director *recommends* that the Executive Board approve an amount of $46,030,000 from general resources, subject to the availability of funds, and an amount of $19,500,000, subject to the availability of specific-purpose contributions, for the period 2000–2002.

* E/ICEF/1998/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-20724 (E) 050899 060899

Basic data

(1997 unless otherwise stated)	
Child population (millions, 0–18 years)	25.9
U5MR (per 1,000 live births)	207
IMR (per 1,000 live births)	128
Underweight (% moderate and severe) (1995)	34
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1995)	87/68
Primary school enrolment (% net, male/female) (1994)	71/50
Primary school children reaching grade 5 (%) (1994)	64
Access to safe water (%) (1995)	42
Government-financed EPI vaccines (%)	..
GNP per capita (US$)	110
One-year-olds fully immunized against (1996):	
tuberculosis	91 per cent
diphtheria/pertussis/tetanus	71 per cent
measles	63 per cent
poliomyelitis	73 per cent
Pregnant women immunized against tetanus:	80 per cent

The situation of children and women

1. For the past two decades, the population of the Democratic Republic of the Congo has been living in a situation of chronic silent emergency. The two acute crises that have shaken the country for the past three years have fundamentally altered its socio-economic and political fabric. The process of national reconstruction which began in May 1997 was interrupted in August 1998 by a new armed conflict whose development is difficult to foresee as this report is being prepared. The country has since fallen into a deep slump which has been aggravated by the constant destruction of basic services. Once peace is restored, the process of recovery and rehabilitation is likely to be long and arduous, given the country's large geographical size, the diversity of its problems and the immensity of the basic social needs to be met. Moreover, serious violations of the basic rights of children and women point up the need to strengthen special protection measures. The breadth of the socio-economic and political crisis, inter-ethnic tensions and the resulting population displacements suggest that emergency conditions will persist.

2. In response to the chronic emergency, civil society had managed to develop survival mechanisms to alleviate the problems of daily life. This ability to adapt has not withstood the two recent armed conflicts, so that increasingly the population has found itself in highly precarious conditions that increase the vulnerability of children and of women. As early as 1995, when the country was experiencing negative economic growth and galloping inflation, the latest national survey of the situation of women and children showed disturbing figures and trends for all social indicators measured. Recent events have doubtless had a negative effect on the infant and under-five mortality rates (respectively estimated at 128 and 207 per 1,000 live births in 1995).

3. Malaria, diarrhoeal illnesses and acute respiratory infections continue to be the principal causes of mortality and morbidity among children. Minimal care is provided only in certain health-care facilities receiving support from non-governmental organizations (NGOs) or charitable networks. Moreover, the fact that users must bear most of the financial burden of health-care services leads to serious disparities in access to such services as purchasing power declines.

4. Immunization coverage, already in free fall between 1991 and 1995 (the rate of immunization against tuberculosis fell from 67 per cent to 46 per cent, while the rate for three doses of combined diphtheria/pertussis/tetanus vaccine fell

from 35 per cent to 26 per cent), continued its downward trend, except for poliomyelitis, for which immunization campaigns were conducted in 1996, 1997 and 1998. Numerous epidemics of measles, meningitis and even poliomyelitis have been recorded in recent years. The resurgence of epidemic water-borne diseases (such as cholera and dysentery) has been facilitated by the destruction or malfunctioning of water-supply facilities and by the persistence of poor personal hygiene. Rapes of women during military operations have probably aggravated the spread of HIV/AIDS and sexually transmitted diseases (STDs), which had already reached disturbing proportions, especially in urban areas and among girls 12 to 19 years of age.

5. The slow and progressive deterioration of living conditions is also reflected in the lowering of children's nutritional status: 42 per cent of children under five years of age suffer from growth retardation (52 per cent in rural areas), and 34 per cent of children in that age group are moderately or severely underweight.

6. The States' disengagement from the education sector (70 per cent of all schools are now run by churches and the private sector), the impoverishment of the population and the deterioration of the infrastructure have lead to a qualitative and quantitative deterioration in basic education. School enrolment has declined by 20 per cent since 1978. Parents must pay almost all costs involved in educating their children, including teachers' salaries.

7. The increasing precariousness of living conditions has contributed to the dislocation of families, who can no longer fully protect their children or meet their physical or psycho-social needs, and has engendered a rupture at the very core of society. The most recent armed conflict has swelled the numbers of vulnerable children. Many are the victims of physical violence or have been traumatized by the brutality to which their families were subjected. Thousands of children have been recruited into armed groups, and the situation of street children has grown even worse. Many survive by performing arduous, dangerous or unhealthy work, particularly in the mines. The scarcity of income sources and the inability of families to meet basic needs have increased the risks faced by young girls in urban areas, who are increasingly turning to prostitution.

Programme of cooperation, 1998–1999

8. Owing to the succession of emergencies, the programme of cooperation has taken the form of short programming cycles. The most recent programme, covering the period 1998–1999, sought to protect highly vulnerable children, revitalize and rehabilitate basic services and promote the implementation of the Convention on the Rights of the Child and of the Convention on the Elimination of All Forms of Discrimination against Women in the process of national reconstruction.

9. Implementation of this programme was seriously undermined by the renewed outbreak of war in August 1998, with the consequent temporary suspension of regular programme activities in many provinces and the near-paralysis of activities in the eastern part of the country for seven months. Nevertheless, emergency activities funded through the United Nations Consolidated Inter-Agency Appeal were undertaken during this period. These consisted mainly of the rehabilitation of 21 health centres and the re-equipment of 13 hospitals and 259 health centres serving a population of 2 million inhabitants; the re-equipment of 50 schools in Bas-Congo; the provision of assistance to 85,000 refugees and displaced persons in Katanga, Bandundu and Bas-Congo provinces; and the provision of humanitarian assistance in the occupied eastern provinces. Prior to the outbreak of hostilities, a national council on children, a national women's council and provisional councils to coordinate the implementation of the two Conventions were established under the regular programme.

10. With regard to the eradication of poliomyelitis, 5 million children under the age of five in accessible areas were immunized and given vitamin A supplements between December 1998 and March 1999. The organization of "quiet days" should make it possible to immunize all 10 million children under the age of five in 1999. At the same time, routine immunization has been established and five health zones have been revitalized.

11. The goal of rehabilitating 250 primary schools by renovating buildings, training 2,300 teachers and providing support in the form of textbooks, materials and school supplies was achieved in 1998–1999. The preparatory phase of the lifelong education project was completed and implementation of the training component began.

12. The programme for children in need of special protection measures was initiated on the basis of a concerted and complementary approach, with all partners participating

in projects targeting child soldiers, children working in mines and street children.

Lessons learned from recent cooperation

13. The combination of the inaccessibility of certain areas, the limited capacity of the Government's partners owing mainly to the lack of an operating budget and clear national policies as well as to the irregular payment of salaries, the looting of UNICEF offices and the temporary evacuation of part of the staff have hampered the implementation of all programmes. In addition, the assumption by UNICEF of full responsibility for logistical costs, especially those relating to air transport to project sites, has resulted in particularly high unit costs.

14. Programme implementation and coordination were notably improved by the resumption, after a 10-year interruption, of the process of joint planning and project review with the Government.

15. During the fighting in Kinshasa and Bas-Congo, the Government-led partnership of all actors involved in the emergency committee was instrumental in accelerating and enhancing emergency response. The maintenance of a minimal international and national presence in the country office during the war and the presence of national teams in the sub-offices made effective responses to immediate crises possible, while also allowing for ongoing monitoring of the situation of children and women.

Recommended programme cooperation, 2000–2002

Estimated total annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*Total*
General resources				
Primary health care	4 800	5 000	5 000	14 800
Basic education	3 400	3 400	3 400	10 200
Protection of children	1 000	1 000	1 000	3 000
Advocacy and social planning	1 800	1 800	1 800	5 400
Intersectoral expenditures	4 139	4 237	4 254	12 630
Subtotal	**15 139**	**15 437**	**15 454**	**46 030**
Supplementary funding				
Primary health care	2 500	2 500	2 500	7 500
Basic education	1 800	1 800	1 800	5 400
Protection of children	1 200	1 200	1 200	3 600
Advocacy and social planning	500	500	500	1 500
Intersectoral expenditures	500	500	500	1 500
Subtotal	**6 500**	**6 500**	**6 500**	**19 500**
Total	**21 639**	**21 937**	**21 954**	**65 530**

Development of the country programme

16. To keep in step with the Government planning cycle and the programming cycles of other United Nations agencies, the programme of cooperation will cover a three-year period (2000–2002). The principal underlying assumption of this programme is that the war and current occupation of part of the country will have ended before the year 2000. However, until the return of normal conditions, the Government has authorized humanitarian activities in the occupied zones. The proposed programme, essentially one of rehabilitation and reconstruction, is sufficiently flexible and realistic to be adapted, if necessary, to a less favourable and more unstable context.

17. This programme was developed jointly with the Government under the auspices of the Ministry for International Cooperation and in collaboration with other development partners.

Objectives and strategies

18. The main objectives are to contribute to: (a) promoting the implementation and monitoring of conventions relating to the rights of children and women in the process of national reconstruction; (b) ensuring respect for children's rights to survival and development, particularly those children in need of special protection measures; (c) rehabilitating or restoring basic services at reasonable cost; (d) developing relevant social policies that address the real needs of the country; and (e) responding to future emergencies.

19. Making communities accountable in partnership with actors from civil society will continue to be the key strategic approach to implementation and ensuring the sustainability of results. Consolidating partnerships with other participating agencies will foster synergy of actions and geographic convergence. The provision of services and the building of national capacities will remain the key strategies in support of national reconstruction efforts.

20. Other elements of programme strategy include the integration of social mobilization in all programmes, consideration of gender issues, promotion of behavioural change, strengthening emergency preparedness and development of a programme funding strategy.

Primary health care

21. This programme will seek to revitalize services by emphasizing the provision of replicable integrated care at reasonable cost and accountability of the population. The *expanded programme on immunization* (EPI) project, national in scope, will have as its goal the immunization of 60 per cent of all children under the age of one year in accessible areas. At the provincial level the project will contribute to re-equipment, strengthening of planning, social mobilization, and organization of advanced strategy. It will also support the organization, through supplementary funding, of annual national poliomyelitis and measles vaccination days at which vitamin A supplements will also be provided. These actions will make it possible to immunize at least 80 per cent of the 10 million children under the age of five. The project to *strengthen health districts* will make it possible to expand the activities under way in Bas-Congo, Kasai Occidental and Kinshasa provinces in order to revitalize 200 health centres in 13 health zones. This project is aimed at promoting and implementing an integrated package of quality health services, including integrated care for sick children, combating HIV/AIDS and STDs in young people, reproductive health care (including emergency obstetrical services in local hospitals) and an anti-malaria campaign. Project activities will involve improving the quality of services and rationalizing the supply and utilization of essential medicines and medical supplies. Wherever possible, they will encourage the implementation of community co-financing and co-management. The *nutrition* project will consolidate the gains achieved in combating iodine, vitamin A and iron deficiencies and will promote breastfeeding. The community-based nutrition component, at a more basic level than the revitalized health centres, will foster the development of a participatory combined health/nutrition approach.

Basic education

22. The goal of this programme is to enhance the opportunities available to parents to provide their children with quality basic education. The *education* project is aimed at increasing educational supply and demand, thereby making it easier for children to enter and remain in school. It will target 250 primary schools in eight provinces and will develop intersectoral links with health activities in the zones being revitalized. Activities will include: (a) school rehabilitation; (b) provision of equipment; (c) teacher and principal training; (d) statistical data collection; (e) parental involvement in co-management; and (f) national capacity-

building. The *lifelong education* project will support the preceding project and will be aimed at better adapting curricula to the daily needs of children, adolescents, and their families, with emphasis on the prevention of STDs and HIV/AIDS and on peace education. Pre-school children will be targeted through parental education, while adolescents in and out of school will be targeted through youth associations. Project activities will include: (a) sensitization and training of parents so that they can meet their children's needs at different stages of development; (b) use in schools and associations of informational materials developed under the preceding programme, in order to promote responsible sexuality and the integration of specific messages concerning peace education; and (c) educator and teacher training.

Protection of children

23. This programme comprises two projects which will be chiefly financed through supplementary funding. It will help to ensure respect for and the exercise of the rights of children in especially difficult circumstances by enhancing their access to basic health and educational services and by improving the protection and care provided to them through the creation of an appropriate legal and social framework. The *child soldiers* project is designed to ensure advocacy for the protection of children in armed conflicts, the regulation of minimum recruitment ages and the implementation of social and familial reintegration programmes. The project on *children in need of special protection measures* will target two groups of children at risk who are economically exploited or in moral danger, namely children in mines and street children. Activities directed at children working in mines will concentrate on the enforcement of child-labour laws, the creation of child worker networks and family accountability. To ensure the social reintegration of street children, efforts will be made to build technical capacities for implementing social policies, enhance the professionalism of civil society organizations responsible for psycho-social guidance and mental health, and make communities and families accountable for the development and protection of the most disadvantaged children.

Advocacy and social planning

24. This is an intersectoral programme aimed at: (a) ensuring advocacy for the effective implementation and monitoring of the two Conventions; and (b) supporting the development of appropriate social policies that are in line with the real needs of the country. An initial project has been proposed to strengthen the capacities and functioning of the women's and children's councils at the national and provincial levels in the areas of advocacy, information collection, monitoring and evaluation. It will support studies to enrich the review and analysis of gains achieved and to mobilize communities to integrate women in the process of national reconstruction. A second project will be aimed at incorporating the child's perspective in social planning. It will foster the collection of data and enable the monitoring and evaluation of progress towards the decade goals and UNICEF cooperation goals. A multiple-indicator survey will be undertaken in 2000, along with a study of the situation of children and women. Many surveys and studies will be completed to support the development of appropriate social policies, while building national socio-economic research capacities.

Programme management and collaboration with other partners

25. Under the auspices of the United Nations Resident Coordinator, UNICEF will engage in inter-agency coordination with a view to identifying concerted positions and strategies. In implementing emergency programmes, cooperation will be pursued with the Office of the Coordinator for Humanitarian Assistance, the United Nations High Commissioner for Refugees, the World Food Programme, the World Health Organization and the United Nations Development Programme, under the supervision of the Coordinator for Humanitarian Assistance. In the area of programme implementation, partnership will be strengthened with the European Union, the Governments of Canada, France, Italy, the Netherlands, the United Kingdom and the United States of America and NGOs.

26. Programme coordination will be provided by the Ministry of International Cooperation. Seven sub-offices will play a pivotal role in the programme's implementation and ensuring its acceptance by provincial authorities and civil society, and will foster capacity-building. This will justify their consolidation and the opening of an office in Kisangani for Orientale province. The planning, monitoring and evaluation section will be strengthened in order to implement the integrated monitoring and evaluation plan and the sectoral and intersectoral plans of action, ensure the identification and monitoring of programme indicators and support joint annual reviews.

27. The proposed activities will be funded primarily from general resources and supplementary funding approved by the Executive Board. However, depending on developments

in the national situation, additional supplementary funding could be mobilized by means of the United Nations Consolidated Inter-Agency Appeal in order to respond rapidly to emergency situations not foreseen at the time the present document was prepared.

TABLE

COUNTRY : DEM REP OF CONGO
PROGRAME : 2000-2002

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	14,800,000			14,800,000	0	0	1	1	0	0	2	3	2	7	1,380,124	649,166	2,029,290
BASIC EDUCATION	10,200,000			10,200,000	0	0	0	1	0	0	1	1	1	3	634,743	203,501	838,244
CHILD PROTECTION	3,000,000			3,000,000	0	0	0	1	0	0	1	1	2	4	634,743	265,262	900,005
ADVOCACY AND SOCIAL PLANNING	5,400,000			5,400,000	0	0	1	0	1	0	2	2	1	5	1,294,401	345,241	1,639,642
CROSS-SECTORAL COSTS	12,630,000			12,630,000	0	0	0	2	3	0	5	8	38	51	2,916,566	3,186,544	6,103,090
TOTAL GR	46,030,000			46,030,000	0	0	2	5	4	0	11	15	44	70	6,860,557	4,649,714	11,510,271
SUPPLEMENTARY FUNDING :																	
PRIMARY HEALTH CARE		0	7,500,000	7,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION		0	5,400,000	5,400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	3,600,000	3,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY AND SOCIAL PLANNING		0	1,500,000	1,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	1,500,000	1,500,000	0	0	0	1	0	0	1	0	3	4	634,743	230,563	865,306
TOTAL SF		0	19,500,000	19,500,000	0	0	0	1	0	0	1	0	3	4	634,743	230,563	865,306
TOTAL GR & SF	46,030,000	0	19,500,000	65,530,000	0	0	2	6	4	0	12	15	47	74	7,495,300	4,880,277	12,375,577
SUPPORT BUDGET			Operating costs Staffing	1,079,280	0	1	1	2	1	0	5	3	9	17	3,425,001	955,571	4,380,572
GRAND TOTAL (GR + SF + SB)					0	1	3	8	5	0	17	18	56	91	10,920,301	5,835,848	16,756,149
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										22 17	15 18	46 56	83 91	10,920,301	5,835,848	16,756,149

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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For action

Recommendation for funding for a short-duration country programme**

Sierra Leone

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Sierra Leone with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $4,837,000 from general resources, subject to the availability of funds, and $9,548,700 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2001.

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Basic data

(1997 unless otherwise stated)	
Child population (millions, under 18 years)	2.2
U5MR (per 1,000 live births)	316
IMR (per 1,000 live births)	182
Underweight (% moderate and severe) (1990)	29
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1995)	45/18
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1981)	64
Access to safe water (%) (1994)	34
Routine EPI vaccines financed by Government (%) (1996)	3
GNP per capita (US$)	200
One-year-olds fully immunized against:	
tuberculosis	38 per cent
diphtheria/pertussis/tetanus	26 per cent
measles	26 per cent
poliomyelitis	28 per cent
Pregnant women immunized against tetanus	11 per cent

The situation of children and women

1. The situation of children and women in Sierra Leone continues to be characterized by an emergency that has brought havoc, poverty and the destruction of life and property. It seemed that this would have ended when the military forces provided by the Military Observer Group of the Economic Community of West African States, together with the Sierra Leone Civil Defense Forces (CDF), intervened to drive the military junta forces from Freetown and the provincial capitals in February 1998. Although the elected President returned to Freetown in March 1998 and constitutional Government was restored, the conflict continued and even escalated at the end of 1998 and into early 1999.

2. The economy declined in early 1998 due to sanctions and the destruction of the infrastructure, although it improved slightly after the restoration of the Government. The International Monetary Fund, the World Bank, the African Development Bank, the European Union and other donors revived previously agreed economic and development programmes, and the Government intensified efforts to collect revenue. Business confidence had been severely shaken, leading to little job creation and few regular wage earners.

3. Both infant and under-five mortality rates continue to be among the highest in the world, at 182 and 316 per 1,000 live births, respectively. Maternal mortality was estimated by UNICEF in 1990 at 1,800 per 100,000 live births. At the same time, a high prevalence of anaemia was detected among women. Conditions have since deteriorated. Insecurity and inaccessibility to primary health units (PHUs) led to the breakdown of health services, including the expanded programme on immunization (EPI). Immunization coverage has decreased from 75 per cent in 1990 to an estimated 40 per cent for all antigens countrywide, and the low level of immunization coverage has resulted in several outbreaks of measles.

4. Access to potable water and coverage of sanitation and refuse disposal systems remain low, estimated at 34 and 12 per cent, respectively. An outbreak of diarrhoea and vomiting in late 1998 affected 1,500 people, with a case fatality rate of 6 per cent in parts of Freetown, Kambia, Makeni and Masingbi. Some samples tested positive for cholera.

5. Before the coup d'état of 25 May 1997, the primary school enrolment rate was 50 per cent, with a very high drop-out rate. Adult literacy was estimated at 40 per cent for men and less than 15 per cent for women. During the junta period, all schools were closed and an estimated 500,000 pupils aged 6–18 years were left without formal education.

Approximately 300 schools — up to 70 per cent of schools in some areas — were vandalized. This setback should be seen against the background of the Government's declining economic base, which has resulted in dwindling support for the education sector and rising educational costs for parents. As most parents struggle to meet the cost of education, children are forced to work to supplement the family income. As many as 66 per cent of children aged 6–14 years are out of school, displaced or serving as combatants.

6. Since late 1996, an estimated 10,000 children have been separated from their families. A total of 4,527 have been registered, of whom 31 per cent have been reunited with their families. These figures will increase if the fighting continues and children who fled into neighbouring countries are repatriated. An estimated 3,000 children are associated as combatants or in other support roles with the Revolutionary United Front rebels and 1,500 with CDF, and these numbers are growing. Increasing numbers of children living on the street are vulnerable to exploitation and abuse. There is an urgent need to address the issue of juvenile justice to minimize the violation of the rights of children in conflict with the law and to examine the root causes. Family disintegration resulting from war and poverty have contributed to an increase in child prostitution, with children as young as 13 years old being sexually exploited.

7. The rebel attack on Freetown on 6 January 1999 left a trail of destruction to life and property. Sixty-four primary schools and an estimated 5,000 houses and other structures, including churches and mosques, were burnt or severely damaged. Tens of thousands of people who were displaced from the eastern section of town (which suffered the most devastation) sought temporary refuge in the national stadium and other sites, including schools. Over 3,000 children disappeared, 40 per cent of whom have been verified as having been abducted by the rebels who forced some children to commit atrocities on the civilian population. Girls, some as young as nine years old, were systematically raped and others were taken away to be used as "wives". Children, women and men had limbs amputated, and over 200 victims have survived the ordeal and received medical assistance. Families were broken up and there was a notable exodus of those who could afford to leave. This will have serious consequences on the human resources so badly needed for the reconstruction of the country. The number of families headed by single women has also increased, and the lack of opportunities for these mothers will place a great strain on traditional family support systems. Disaffected youth are very evident and their demands will have to be addressed.

8. The Government presented its initial report to the Committee on the Rights of the Child in October 1997, and the Committee's questions were sent to the Government. The Government's response to the Committee has been delayed because of the continuing conflict situation in the country.

Programme cooperation, 1998–1999

9. Because of the unstable situation in Sierra Leone in 1997, several scenarios were considered in planning the country programme for 1998–1999: (a) scenario one — improvement in the overall security situation in the country resulting from a peace plan and a realistic demobilization process; (b) scenario two — a continuation of the status quo, where the fluid security situation continued to create instability in parts of the country, limiting intervention and exacerbating humanitarian intervention activities; (c) or scenario three — a significant deterioration of the prevailing situation, with an escalation of armed conflict.

10. In early 1998, UNICEF Sierra Leone staff worked in three operational locations. International Professional and some national staff were in Conakry, Guinea, coordinating operations and providing administrative and logistical services. The Freetown office continued to function, with national staff continuing to deliver emergency services. A sub-office was opened in Kambia, close to the Guinean border, with 20 national staff relocated there to continue programmes. In February, when the junta forces were driven from Freetown and pushed into pockets in the north and east of the country, UNICEF re-established full operations in Freetown. Kambia was maintained as a field office, with a minimal staffing structure. With improved security in the south and parts of the east, the field office in Bo was opened in July and the Kenema field office was strengthened. The start of 1999 saw a similar situation, with international Professional and some national staff operating out of Conakry, while the bulk of staff maintained the programmes in Freetown and Bo. As of May 1999, the security situation had stabilized and all staff had returned to Freetown. A peace process had begun, with strong hopes for an improved situation for the future.

11. For most of the year, the country programme was based on scenario two, with the implementation of the following programmes. In health and nutrition, 73 of the targeted 80 PHUs were fully re-equipped in the eight accessible districts. Twenty-five per cent of the population, 1.1 million people, were covered for the six EPI antigens in mass immunization programmes in seven major urban centres. At each of the 10 UNICEF-supported PHUs in each

district, women were trained in growth monitoring activities, and 132 groups representing 11,880 household members were assisted in household food security activities. Water and sanitation activities delivered low-cost sanitation for internally displaced persons (IDPs), chlorinated wells and trained for 2,000 "Blue Flag" volunteers for cholera prevention. Some 470 wells were rehabilitated, and 64 large diameter wells were constructed.

12. Education programmes assisted 51,335 children with school materials and provided in-service training for 58 school inspectors. In non-formal schooling, 152 facilitators teaching 5,650 learners were trained in adult literacy techniques; and 320 facilitators assisted 9,048 children registered in difficult-to-reach areas in the non-formal primary school project. Income-generating projects for women resulted in the building of a community school and scholarships for children in two areas. Child protection activities assisted 511 demobilized child soldiers and 1,892 other unaccompanied children, and also supported 54 agencies to form the Gross Child Rights Violation Network.

13. While scenario two prevailed for most of 1998, in December 1998, the situation deteriorated to scenario three, which continued into early 1999. Insecurity severely disrupted the implementation of many programmes, including the first National Immunization Day (NID) in December, postponed implementation of the programme in the Northern Province, and disrupted the distribution of cold-chain and other supplies to other areas. The rebel offensive in January 1999 caused enormous destruction to much of the medical infrastructure set up for the NIDs, and the second round set for February was totally abandoned.

14. Government ministries lack the capacity to ensure correct management of the supplies brought in by UNICEF to address the mounting needs of the target population. This has increased the pressure on UNICEF logistical capacity. UNICEF is working with the relevant ministries to develop their capacities to receive and dispatch supplies in a satisfactory manner.

15. Coordination was strengthened with the World Bank and the European Union to avoid duplication of project funding. In both the health and education sectors, UNICEF and the World Bank have maintained close consultation on areas of intervention. With the European Union, there have been similar consultations concerning child protection, health and other programmes.

16. During the year, and in response to pressing needs, UNICEF, in partnership with non-governmental organizations (NGOs), supported two youth initiatives — "Youth in Crisis" and "Youth in Development". Support for the next cycle will be based on the results of those initiatives. The resumption of regular coordination meetings with counterparts and NGO partners culminated in a series of two-day workshops in October 1998 to review implementation of the 1998 programme plans of action and to plan for 1999. In addition to the funds provided by such major donors as the Governments of Canada, Denmark, Germany, Norway, Sweden and the United States, and National Committees for UNICEF, funding was pledged from the United Nations Fund for International Partnership.

Lessons learned

17. While operating under scenario two, UNICEF prepared for scenario three by backing up financial and personnel data well in advance of the events. Satellite phones and associated e-mail communications enabled daily communication with sub-offices and Conakry. These preparedness measures enabled continuation of the emergency programme when scenario three began in December 1998.

18. National staff moved into new programme management and operations roles when international staff members were evacuated. Their courage and commitment in spite of losses of homes and property enabled the uninterrupted maintenance of UNICEF support to basic services. The continuous presence of UNICEF enabled it to play a crucial leadership role in health, nutrition, child protection, and water supply and sanitation.

19. Community support for some activities appeared to play an important role in maintaining continuity of services when the political and security situation changed. Newly established, community-based schools continued to function well, while formal schooling ceased for one year; community-run chlorination of wells prevented the recurrence of cholera; and organized women's forums carried out community-based food production and income-generating activities in spite of difficult circumstances.

Recommended programme cooperation, 2000–2002

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*Total*
General resources			
Health and nutrition	551.4	440.0	991.4
Water and sanitation	256.0	300.0	556.0
Education and youth development	408.0	451.0	859.0
Child protection	383.0	400.0	783.0
Planning, monitoring and evaluation	152.6	200.0	352.6
Advocacy and social mobilization	270.0	300.0	570.0
Cross-sectoral costs	363.0	362.0	725.0
Subtotal	**2 384.0**	**2 453.0**	**4 837.0**
Supplementary funding			
Health and nutrition	1 250.0	1 400.0	2 650.0
Water and sanitation	865.5	1 100.0	1 965.5
Education and youth development	819.3	1 000.0	1 819.3
Child protection	813.9	1 100.0	1 913.9
Advocacy and social mobilization	200.0	200.0	400.0
Cross-sectoral costs	400.0	400.0	800.0
Subtotal	**4 348.7**	**5 200.0**	**9 548.7**
Total	**6 732.7**	**7 653.0**	**14 385.7**

Programme objectives and strategies

20. The overall goal of the programme of cooperation is to strengthen Sierra Leone's capacity to restore the social and economic viability of affected displaced communities and to promote sustained improvements in the survival, development and participation of children and women. It is based on the same scenarios used for the previous programme. The programme is also based on the rights-based approach in the context of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and will continue to build on the previous programme strategies of service and capacity-building, advocacy and social mobilization, sustainability, empowerment, decentralization and community participation.

Health and nutrition

21. The objectives of this programme are to provide services in accessible areas. These include increasing access to primary health care, expanding EPI coverage from 40 per cent (1998 estimate) to 75 per cent for all antigens, and contributing to the reduction of maternal morbidity and mortality in three pilot districts. Additionally, the programme aims to reduce the morbidity and mortality of children under five years of age and women of child-bearing age resulting from malnutrition. The programme will be implemented within a network of revitalized PHUs that provide a package of maternal and child health services, including EPI, antenatal clinics and safe deliveries. UNICEF will complement the Ministry of Health in the equipment and provision of drugs to these units. Routine EPI activities, as well as NIDs and measles and neonatal tetanus control, will be supported. Wherever a status of emergency prevails,

UNICEF will continue to support clinics in camps for displaced persons, ensuring a rapid response to outbreaks of disease and emergency feeding for children under five years of age. Cross-cutting interventions will also be implemented. The already close collaboration with the United Nations Population Fund and the World Health Organization will be strengthened.

22. The nutrition project will focus on micronutrient deficiencies in children under five years of age, adolescent girls and women of child-bearing age within the context of the micronutrient initiative. The capacity of the Ministry of Health will be strengthened to improve the diagnosis and case management of malnutrition. Women's groups will be organized and trained in the skills needed for them to participate in and implement community-based projects to improve household food security.

Water and sanitation

23. The programme will seek to rehabilitate and/or construct 600 wells and 3,250 low-cost sanitation facilities in up to 125 communities, including those that have been damaged or destroyed. Three thousand well owners will be trained to chlorinate traditional water sources to prevent cholera. Hygiene education and low-cost sanitation facilities for IDPs will be a feature of the programme. These activities will be implemented primarily in camps for displaced persons in communities that have been severely affected by the war, and in schools and health clinics in accessible areas, benefiting an estimated 550,000 people.

24. Using low-cost technologies, community members will be trained to manage their water and sanitation facilities through preventive maintenance, including chlorination of water sources. The training will focus on local artisans and masons, community leaders and well owners. Technical support will be given to counterparts in the form of management and logistical training to equip them to monitor programme activities.

Education and youth development

25. The objectives of this programme are to support increased access to basic education for children through strengthened emergency responses and support for the re-admission of out-of-school children, especially girls, to formal and non-formal institutions. Teaching and learning materials will be provided to benefit 300,000 pupils. The quality of basic education in terms of improved curricula will be strengthened. Communities will be sensitized through advocacy and social mobilization on the importance of early childhood development, education and the completion of schooling, particularly for girls and displaced children. In-service training for teachers and supervisors in school management will be provided in the areas of peace education and emergency preparedness and pedagogy. One hundred damaged schools will be rehabilitated. Studies will be conducted to determine the impact of interventions on children and the educational system.

26. Youth-associated activities will aim to animate and organize adolescents to take the necessary actions to develop their potential and rights as individuals and groups. Information and services to address their needs in the areas of reproductive health, drugs, hygiene and disease prevention will be provided. Consultative meetings will be organized, and advocacy and sensitization materials will be designed and produced to highlight their problems and needs. Multimedia programmes will be developed to promote youth issues and concerns. The programme will assess educational, health and reproductive problems and develop appropriate activities, as well as life skills programmes, to respond to them.

Child protection

27. The priority objective of the programme is the disarmament and demobilization of children associated with the fighting forces. Tracing mechanisms for the reunification of separated children will be strengthened, and psychosocial assistance will be provided to children separated from their families, children associated with the fighting forces and sexually abused girls. The programme will also support strengthening the capacity of the Child Protection Network, including the Ministry of Social Welfare, to sustain the quality of follow-up services for children affected by the war.

28. The programme will focus on care and services that promote the social reintegration of all categories of children in need of special protection. The social reintegration of separated children, including those associated with the fighting forces, will be emphasized through strengthening family and community capacities for their care and protection. Monitoring of gross violations of children's rights through NGO partners will be strengthened.

Advocacy and social mobilization

29. All stakeholders will be involved in this programme to ensure the survival, protection and developmental needs of women and children. Government counterparts will be mobilized to make meaningful policies based on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women which will uphold the basic rights of women and children in the country. Information, education and communication (IEC) activities will be supported to ensure the effective participation of women and children as actors in country programme activities. The population will be sensitized against attitudes, habits and practices that negatively affect their situation. Specific IEC activities will include mass sensitization campaigns on reproductive health, literacy, girls' education and the protection of children affected by war. Target groups will include opinion leaders in the Government, religion, education and politics as well as women and children. A network of community radio-listening groups will be supported.

Planning, monitoring and evaluation

30. This programme will ensure that the country programme is effectively planned and implemented to meet the emergency needs of children and women of child-bearing age in Sierra Leone. Capacity will be built within sectors to achieve the desired objectives. The programme will be monitored for effectiveness of sectoral projects through review meetings, supervisory field reports, special studies and data collection using quality assurance indicators. The integrated monitoring and evaluation plan will be prepared for the country programme. Child rights issues will also be monitored.

Programme management

31. The country programme will be managed from Freetown with support from the two sub-offices in Bo and Makeni, which, along with government counterparts and NGO partners, will be responsible for monitoring and implementation of the UNICEF-supported programmes within their areas of operation. The Bo office will cover the southern region and accessible areas of the eastern region, and the Makeni Office will concentrate on the northern region.

32. The programme will be implemented in close collaboration with sectoral ministries, other United Nations agencies and NGO partners. The major international NGO partners include *Médecins sans frontières* (Doctors Without Borders) (Belgium and the Netherlands), OXFAM, CARE, Catholic Relief Services, AFRICARE, World Vision, ADRA (Adventist Development and Relief Agency) International, *Action contre la faim* (Action against Hunger) and MERLIN. Humanitarian assistance will be coordinated through the Inter-Agency Coordination Committee chaired by the United Nations Humanitarian Coordinator. UNICEF will continue to collaborate with the World Bank in the area of health, basic education, and the demobilization and integration of child combatants.

33. In addition to regular supplementary funding, emergency supplementary funding will be mobilized through consolidated appeals to respond to acute unforeseen emergency needs.

TABLE

COUNTRY : SIERRA LEONE
PROGRAMME : 2000-2001

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	991,400			991,400	0	0	0	1	0	0	1	2	2	5	364,564	92,967	457,531
WATER AND SANITATION	556,000			556,000	0	0	0	0	0	0	0	1	0	1	0	36,329	36,329
EDUCATION AND YOUTH DEVELOPMENT	859,000			859,000	0	0	0	1	0	0	1	1	0	2	364,564	36,329	400,893
CHILD PROTECTION	783,000			783,000	0	0	0	1	0	0	1	0	0	1	364,564	0	364,564
PLANNING,MONITORING AND EVALUATION	352,600			352,600	0	0	0	0	0	0	0	2	2	4	0	104,858	104,858
ADVOCACY AND SOCIAL MOBILIZATION	570,000			570,000	0	0	0	0	1	0	1	1	1	3	302,970	49,988	352,958
CROSS-SECTORAL COSTS	725,000			725,000	0	0	0	0	1	0	1	2	9	12	302,970	143,202	446,172
TOTAL GR	4,837,000			4,837,000	0	0	0	3	2	0	5	9	14	28	1,699,632	463,673	2,163,305
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	2,650,000	2,650,000	0	0	0	0	0	0	0	2	2	4	0	89,426	89,426
WATER AND SANITATION		0	1,965,500	1,965,500	0	0	0	0	0	0	0	1	0	1	0	31,054	31,054
EDUCATION AND YOUTH DEVELOPMENT		0	1,819,300	1,819,300	0	0	0	0	0	0	0	1	1	2	0	44,713	44,713
CHILD PROTECTION		0	1,913,900	1,913,900	0	0	0	0	0	0	0	2	1	3	0	75,767	75,767
ADVOCACY AND SOCIAL MOBILIZATION		0	400,000	400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	800,000	800,000	0	0	0	0	2	0	2	0	11	13	605,940	91,633	697,573
TOTAL SF		0	9,548,700	9,548,700	0	0	0	0	2	0	2	6	15	23	605,940	332,593	938,533
TOTAL GR & SF	4,837,000	0	9,548,700	14,385,700	0	0	0	3	4	0	7	15	29	51	2,305,572	796,266	3,101,838
SUPPORT BUDGET		Operating costs Staffing		433,596	0	0	1	1	1	0	3	2	9	14	1,158,916	244,528	1,403,444
GRAND TOTAL (GR + SF + SB)					0	0	1	4	5	0	10	17	38	65	3,464,488	1,040,794	4,505,282
Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)											7 10	17 17	37 38	61 65	3,464,488	1,040,794	4,505,282

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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For action

Recommendation for funding for a short-duration country programme**

Colombia

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Colombia with duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $1,666,000 from general resources, subject to the availability of funds, and $4,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2001.

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-20213 (E) 260799

Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	16.0
U5MR (per 1,000 live births)	30
IMR (per 1,000 live births)	25
Underweight (% net moderate and severe) (1995)	8
Maternal mortality rate (per 100,000 live births) (1994)	80 (80)[a]
Literacy (% male/female) (1995)	91/90
Primary school enrolment (% net, male/female) (1995)	90/91[b]
Primary school children reaching grade 5 (%) (1994)	58
Access to safe water (%) (1995)	85
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	2 280
One-year-olds fully immunized against:	
tuberculosis	98 per cent
diphtheria/pertussis/tetanus	84 per cent
measles	76 per cent
poliomyelitis	85 per cent
Pregnant women immunized against tetanus (1995)	57 per cent

[a] MMR adjusted figure for misclassification and under-reporting.

[b] Net primary school attendance.

The situation of children and women

1. In 1998, 2,216 kidnappings were reported in Colombia, 30 per cent more than in 1997, with the guerrillas responsible for 70 per cent of them. Military activities perpetrated by the guerrilla occurred in 700 of the country's 1,073 municipalities. In many of these municipalities, the guerrillas — about 15,000 men and women strong — supplant the state authorities and institutions. In 1998, 112 massacres were recorded in the country in which 667 people lost their lives, 573 were victims of paramilitary forces, estimated to be 6,000 men strong. From 1990 to 1998, 30,000 people have died violent deaths annually. During these eight years, over 1,300,000 persons, 70 per cent of them children and women, have been displaced by violence. International human rights organizations have characterized this pattern as widespread, systematic and gross violations of human rights. The inefficiency of civil justice stands out because of the judicial backlog, intimidation and the climate of impunity that exists in the country, as only 3 per cent of crimes are resolved successfully.

2. A report published in February 1999 by Counselling for Human Rights and Displaced People, a UNICEF-supported non-governmental organization (NGO), shows the seriously deteriorating situation in the country in terms of internally displaced populations. Roughly 89,000 people were displaced due to the armed conflict in 1995; and there were 181,000 in 1996; 257,000 in 1997; and 308,000 in 1998. Most displaced people move to marginal areas of Colombian cities. NGO staff working with displaced populations, minorities or in defence of human rights have been threatened, kidnapped or even killed by paramilitary or guerrilla forces. Approximately 30 per cent of the population live in areas of difficult access due to armed conflict, which constrains achievement of the objectives of the National Plan of Action (NPA) for children.

3. Colombia's economic growth rate has averaged 4.4 per cent for the past 40 years, but has recently experienced a drastic fall to 0.2 per cent in 1998. This signals long-standing economic problems: the inflation rate was estimated at 18.5 per cent; unemployment reached 19 per cent in the last trimester of 1998; and there is a large government deficit. In 1999, the Government declared an economic emergency. The proportion of the population living below the poverty line is 55 per cent (1996), which amounts to 18 million people, 6.5 million of them children. While poverty is growing in urban fringes, in rural areas it seriously affects the indigenous and Afro-Colombian populations.

4. The violation of children's rights is widespread and is not only attributed to the armed conflict. The births of almost 4.5 million children have not been registered. An estimated 2 million boys and girls are abused each year. Approximately 148 cases of intra-family violence per 1,000 people currently occur. In 1998, the Institute of Forensic Medicine in Santafé de Bogotá assessed 18,800 cases of physical abuse in children, one half of which involved cases of sexual abuse. Some 1.7 million children between 12 to 17 years old work, only 10 per cent of whom are covered by social security, and about 25 per cent of them are involved in risky occupations. Seventy per cent of working children do not attend school. The Colombian Institute of Family Welfare estimates that 30,000 children, most of them boys, live on the streets of major cities, and 75 per cent suffer from some form of substance abuse (alcohol, drugs, cigarettes). Most leave home to escape abuse and family violence. The majority drop out of school and never return. An estimated 30,000 adolescents are currently subject to judicial proceedings for legal offences committed.

5. Many of the World Summit for Children goals have been achieved, with the exception of maternal mortality, water, sanitation, under-weight prevalence, exclusive breastfeeding and education. The national infant mortality rate is estimated at 25 per 1,000 life births; for children in the poorest regions, the rate is 76 per 1,000 live births. The main causes of death are perinatal complications, pneumonia and acute diarrhoea. Since 1997, all flour produced locally has been fortified with iron, folic acid and B vitamins. In 1998, Colombia was certified as free of iodine deficiency disorders. The maternal mortality rate is 80 per 100,000 live births, although in some regions it reaches 130 per 100,000 live births. Abortion is the third most significant cause of maternal mortality. In 1998, over 20 per cent of women below the age of 19 years were pregnant or already mothers. Exclusive breastfeeding is practised by only 11 per cent of mothers for the first six months of their infants' lives.

6. While Colombia has no gender disparities regarding access to the educational system, the latter does require substantial qualitative improvement. Of every 100 children entering primary school, 58 complete grade 5, but only 40 do so in five years and only 30 complete the basic education cycle (grade 9). The national illiteracy rate is 11 per cent, but in rural areas, estimates range from 24 to 30 per cent. Approximately 2.7 million children between 14 and 17 years old do not attend school.

Programme cooperation 1993–1999

7. The country programme for 1993–1999 aimed to position children's problems as a main concern for both the State and civil society, and thus develop a culture in favour of children based on respect of their rights to survival, development, protection and participation. UNICEF cooperation contributed to the formulation of policies and programmes that promote special attention for children, youth and women oriented to achieve the commitments of the World Summit for Children as expressed in the NPA.

8. As part of the Management Excellence Programme, the organizational capacity of the country office was strengthened through team-building and joint responsibility for producing results in an environment that emphasized continued learning. The resulting improvement in the quality of UNICEF technical assistance served as a model for capacity-building of national counterparts. Two main changes were introduced in the country programme: (a) the emergence of support to the priorities of children in armed conflict as a critical programme component which then became the springboard for involvement in the peace initiative and support for families displaced by violence; and (b) the reorientation of the existing basic services programme from the provision of basic services to local development, with the following three components: (i) strengthening local management of service delivery; (ii) strengthening community participation; and (iii) generation of experiences from 24 pilot municipalities to serve as inputs to national policy development and the decentralization process.

9. The mid-term review (MTR) conducted in October 1996 analysed the progress of the country programme and the relevance of its programme mix to the current needs of the country. It suggested concrete programmatic lines of action to cover the remaining period of cooperation. In general, the review noted that: (a) a considerable number of the goals of the World Summit for Children have been achieved or are being vigorously pursued, while pinpointing the need for increased efforts to achieve the maternal mortality reduction, and water and sanitation goals; and (b) progress was made in the mobilization of the Government and civil society for children's rights, the participation of children and gender mainstreaming. Following the MTR, the country programme was restructured to respond to the current conditions of the country and became less sectoral and more integrated, with a smaller number of programmes and projects but a more comprehensive intersectoral profile.

10. During 1996, UNICEF successfully supported the Children's Peace Movement when 2.7 million Colombian children voted on their rights. Peace and life emerged as the most valued rights. Inspired by the children's exercise, adults organized their own Mandate for Peace, Life and Liberty in 1997, and with 10 million votes, expressed their rejection of the use of force by guerrilla, paramilitary and national armed forces. As a long-term strategy, the voice of children was considered fundamental in promoting their right to participate in nation-building.

11. The country programme also evolved to include policy mobilization for children and women as well as leveraging of local resources. The office continues to support the fulfilment of the NPA goals and to ensure their sustainability. Policy breakthroughs have been achieved on micronutrients, water and sanitation, family welfare and maternal mortality reduction. Pilot experiences ready for expansion exist in education and child labour. Progress is also being made on the harmonization of the Children's Code with the Convention on the Rights of the Child.

12. Collaboration, convergence and complementarily are being pursued among the United Nations agencies. Notably UNICEF, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Development Programme (UNDP), the International Migrations Organization and the United Nations High Commissioner for Human Rights have been collaborating on issues related to internally displaced populations. Likewise, the United Nations Population Fund (UNFPA), the Pan American Health Organization (PAHO) and UNICEF collaborate on HIV/AIDS prevention, reproductive health and maternal mortality. As Colombia is one of the pilot countries of the United Nations Development Assistance Framework (UNDAF), a Common Country Assessment (CCA) has been completed, and in 1999, UNDAF will be prepared, thus providing the framework for the development of the next full country programme of cooperation.

13. On 25 January 1999, a violent earthquake shook the coffee-growing region of Colombia, which resulted in over 1,000 dead and close to 5,000 injured. Some 250,000 persons lost their homes and 80 per cent of the schools were destroyed, leaving 120,000 children without schools.

14. The UNICEF response was made possible mainly through generous contributions from National Committees for UNICEF. The most urgent needs of children and their families in the post-trauma phase were addressed, and some support was provided for the reconstruction phase of the emergency. Various interventions were implemented,

including: support for the provision of temporary latrines, safe water, oral rehydration salts and medicines to prevent diarrhoeal diseases; material support to the rehabilitation of severely affected families; technical assistance in community organization; and the creation of employment opportunities and support for the re-establishment of school activities, including for disabled children. Some 10,000 education kits were distributed, and model earthquake resistant schools are being built using a locally grown bamboo. UNICEF has also provided support in responding to the psychosocial needs of thousands of children and their families. Collaborating with government agencies, and with food support from the World Food Programme (WFP), UNICEF undertook capacity-building activities for the psychosocial rehabilitation of traumatized children. This process was facilitated by 30 adolescents from the Children's Peace Movement who have used this methodology effectively in conflict areas.

Lessons learned

15. During 1998-1999, it was determined that the country programme should focus more on policy and mobilization for children and women and comprise three interrelated programme components. The experiences from the local development programme influence public policy. Local development includes a social communication and mobilization component that provides valuable experiences for the national mobilization programme. At the same time, the public policy and communication programmes influence and orient the local development programme. All the programmes mobilize the private and public sectors.

16. The use of a rights-based approach has facilitated coordination and the inter-institutional commitment to developing programmes oriented towards increasing the provision and improving the quality of services at the local level. The evolution from basic services interventions to local development projects that include social management, communication and mobilization has provided an opportunity to sensitize leaders from institutions and civil society about investing in children and women as fundamental for human development.

17. Another lesson learned was that massive citizen mobilization around deeply felt issues was an effective way of informing about children's rights. The Colombian people have gained a better understanding of children's rights through the social mobilization process with the Children's Peace Movement and the Citizen's Mandate for Peace, supported by UNICEF. Although in its nascent stage, it is interesting to note that the UNICEF experience of introducing child rights concepts to public and government officials through the academic sector has shown promising results.

18. An aggressive fund-raising plan, relying on programmatic content where the impact is measurable and visible to the private sector and civil society as a whole, has permitted sustainable growth in corporate alliances to support financing of the country programme.

Recommended programme cooperation, 2000–2001

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*Total*
General resources			
Public policies	300	300	600
Local development	283	283	566
Communication and social mobilization	250	250	500
Subtotal	**833**	**833**	**1 666**
Supplementary funds			
Public policies	375 000	375 000	750 000
Local development	1 025 000	1 025 000	2 050 000
Communication and social mobilization	600 000	600 000	1 200 000
Subtotal	**2 000 000**	**2 000 000**	**4 000 000**
Total	**2 000 833**	**2 000 833**	**4 001 666**

Programme preparation process

19. This short-term duration country programme was prepared as a continuation of the country programme currently being implemented, emphasizing those aspects which need to be strengthened and identifying arising problems affecting Colombian children. The proposed programme was discussed and approved by the Colombian International Cooperation Agency and National Planning Department institutions. These two entities are the key national counterparts of the State of Colombia for the international cooperation agencies. Other United Nations organizations and the main national counterparts were also involved in the process. This programme will lead to the full harmonization of the programme cycles of UNDP, UNFPA, WFP and UNICEF as of the year 2002.

Programme objectives and strategies

20. The main goals of the 2000–2001 programme of cooperation are: to continue building on its previous successes towards greater awareness in Colombian civil society, the State and the Government of the situation of children and women; to foster increased involvement in seeking solutions that will ensure children's full exercise of citizenship; and to encourage participation and self-expression, especially in families and schools. The programme will continue to pursue advocacy and assist central and local governments, civil society and those involved in the armed conflict to respect children's rights. It will also continue to provide support for local-level planning, development, monitoring, integration or rehabilitation of displaced and vulnerable populations in selected marginalized urban areas and in rural indigenous and Afro-Colombian regions.

21. The main programme strategies will continue to focus on providing support to improve the family environment for children and to enhance access to knowledge, skills and basic social services. Partnerships with select members of civil society, key universities, the private sector, religious organizations and the media will be further strengthened. Resources will continue to be leveraged for children among government counterparts, the private sector, civil society and international development partners. The proposed country programme will continue with its closely interlinked programmes in line with the existing structure: public policies for children and women; local development; and communication and social mobilization.

Public policies

22. This programme will continue to translate local development experiences into strategies and policies for wider replication and expansion. It will maintain the reorientation of current social, economic and fiscal policies to better match services to the real needs of the poorest and most vulnerable children, adolescents and women. The programme's main activities include support to: networks for monitoring, evaluation and updating of public policies for children and women; alliances with universities and institutions to generate debates, forums, studies, research and documentation for the enhancement of civil society's public awareness of children's rights; studies on the quantity and quality of the social investment for children and poor families; the eradication of child labour; the protection of street children and children at risk of abuse; micronutrient initiatives; an early warning system on internally displaced populations; reform of the Children's Code; reducing maternal mortality and improving reproductive health; early childhood care and the quality of basic education; the registration of children; quality assurance to strengthen services for children; reporting on progress at end-decade on achieving children's goals; United Nations reform; and vulnerability analysis for disaster mitigation.

Local development

23. This programme will continue to pursue the development of models to empower families, communities and local governments in sustainable development through children's and women's rights. It will continue to cooperate in seven marginalized neighbourhoods of Santafé de Bogota, Medellin and Bello; 33 indigenous and Afro-Colombian municipalities of Cauca, Nariño, Choco, Guajira, Caqueta and Amazonia which are the poorest and most excluded areas of the country; and areas affected by emergencies or involved in armed conflict with displaced populations such as Putumayo and Uraba. It will continue to expand basic services at the local level, within the framework of the government's policy of decentralization and institutional capacity-building. Strategies include the institutional strengthening of local management capacity, and the promotion of community participation and partnerships in the planning of local development. Activities include training in local planning and management of affordable basic services, including water and sanitation, education adapted to ethnic minorities, support to enhancement of the quality of basic education, preventive health, child abuse prevention networks, support to youth and women's

associations, and income-generation projects. The safe motherhood strategy will be developed at the municipal level, emphasizing the prevention and early attention to teenage pregnancy to reduce MMR.

24. UNICEF, jointly with other United Nations agencies, will maintain its offer to the Government to provide humanitarian and basic services to children in areas occupied by the guerrilla and paramilitary armed groups, emulating experiences with "peace corridors" elsewhere.

Communication and social mobilization

25. This programme will continue efforts to place children's and women's rights, especially sexual and reproductive rights to decrease MMR and enhance gender equity, and the right of children to express themselves and participate in nation-building on the agenda of national opinion makers. It will also support communication for specific projects in support of children's rights and goals as well as fund-raising for children.

26. It will continue to develop existing activities, including: advocacy for children's rights and implementation of the Convention on the Rights of the Child; support to the Children's Peace Movement and the Civil Society's Peace Mandate; the prevention of accidents caused by land-mines; communication support to specific public policies and local development activities; the psychosocial rehabilitation of children victimized by armed conflict or natural disasters; and the reduction of child abuse and child labour. In addition, the programme will consolidate partnerships with the press and media to ensure that the voices of children form part of public opinion.

Programme management

27. An intersectoral team headed by the new Colombian Agency for International Cooperation will coordinate the country programme, sharing an oversight function that will include direct field visit whenever appropriate.

28. To improve the efficiency and effectiveness necessary for management excellence, the country office will prepare annual management plans that will incorporate the streamlining of workflows, and utilize quality assurance indicators and periodical participatory reviews to comply with country programme management plans. Staff morale, in-house staff training and the rationalization of staff turnover will be key managerial concerns.

29. In terms of monitoring and evaluation, the office will ensure that all objectives have proper indicators. It will conduct three programme monitoring and evaluation exercises each year, two internal and one involving counterparts and allies, including relevant locally-based embassies.

30. Close collaboration with the United Nations, bilateral agencies and NGOs will be pursued. Inter-agency programmatic links will be strengthened through participation in United Nations thematic groups and other such working groups. UNICEF will work closely with the United Nations Educational, Scientific and Cultural Organization, UNFPA and PAHO in helping the Government to meet the NPA goals. With the completion of the CCA in 1999 and the preparation of UNDAF, convergence and collaboration among United Nations agencies will be pursued with human rights as the basic platform. Inter-agency proposals are being developed with UNFPA and PAHO to strengthen aspects of reproductive health and reduce MMR, and with the United Nations High Commissioner for Human Rights, UNDP and the UNHCR to promote human rights.

31. Fund-raising from the private sector will focus on maintaining current donors, expanding corporate alliances, increasing sales of cards and products, and exploring willingness and funds availability from international financial institutions. Leveraging resources from the Government and other counterparts will help to ensure the sustainability of programme cooperation achievements.

TABLE

COUNTRY : COLOMBIA
PROGRAME : 2000-2001

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
COMMUNICATION AND SOCIAL MOBILIZAT	500,000			500,000	0	0	0	0	0	0	0	1	2	3	0	232,798	232,798
PUBLIC POLICIES	600,000			600,000	0	0	0	0	0	0	0	1	3	4	0	278,372	278,372
LOCAL DEVELOPMENT	566,000			566,000	0	0	0	0	0	0	0	1	2	3	0	304,731	304,731
TOTAL GR	1,666,000			1,666,000	0	0	0	0	0	0	0	3	7	10	0	815,901	815,901
SUPPLEMENTARY FUNDING :																	
COMMUNICATION AND SOCIAL MOBILIZAT		0	1,200,000	1,200,000	0	0	0	1	0	0	1	1	1	3	241,700	157,635	399,335
PUBLIC POLICIES		0	750,000	750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
LOCAL DEVELOPMENT		0	2,050,000	2,050,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	4,000,000	4,000,000	0	0	0	1	0	0	1	1	1	3	241,700	157,635	399,335
TOTAL GR & SF	1,666,000	0	4,000,000	5,666,000	0	0	0	1	0	0	1	4	8	13	241,700	973,536	1,215,236
SUPPORT BUDGET			Operating costs	458,800													
			Staffing		0	0	1	1	0	0	2	4	9	15	507,778	1,067,163	1,574,941
GRAND TOTAL (GR + SF + SB)					0	0	1	2	0	0	3	8	17	28	749,478	2,040,699	2,790,177
Number of posts and staff costs:																	
Current programme cycle											3	8	17	28			
At the end of proposed programme cycle (indicative only)											3	8	17	28	749,478	2,040,699	2,790,177

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Executive Board
Second regular session 1999
7–10 September 1999
Item 9 of the provisional agenda*

For action

Recommendation for funding for a short-duration country programme**

Colombia

Corrigendum

Page 5, table should read:

Recommended programme cooperation, 2000–2001

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*Total*
General resources			
Public policies	300	300	600
Local development	283	283	566
Communication and social mobilization	250	250	500
Subtotal	**833**	**833**	**1 666**

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-22613 (E) 050899

	2000	*2001*	*Total*
Supplementary funds			
Public policies	375	375	750
Local development	1 025	1 025	2 050
Communication and social mobilization	600	600	1 200
Subtotal	**2 000**	**2 000**	**4 000**
Total	**2 833**	**2 833**	**5 666**

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7-10 September 1999
Item 9 of the provisional agenda*

For action

Recommendation for funding for a short-duration country programme**

Guyana

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Guyana with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $655,000 from general resources, subject to the availability of funds, and $250,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the year 2000.

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-21308 (E) 180899

Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	0.31
U5MR (per 1,000 live births)	82
IMR (per 1,000 live births)	59
Underweight (% moderate and severe)	12
Maternal mortality rate (per 100,000 live births) (1995)	180
Literacy (% male/female) (1995)	99/97
Primary school enrolment (% net, male/female) (1995)	87/87
Primary school children reaching grade 5 (%) (1992)	93
Access to safe water (%)	91
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	800
One-year-olds fully immunized against:	
tuberculosis	94 per cent
diphtheria/pertussis/tetanus	88 per cent
measles	82 per cent
poliomyelitis	89 per cent
Pregnant women immunized against tetanus	71 per cent

The situation of women and children

1. As a result of a poor economic performance due mainly to the political instability experienced in the wake of the December 1997 presidential election, and exacerbated by a prolonged drought caused by El Niño during 1997/98, the quality of life of children and their families in Guyana has deteriorated in recent years. The unstable political situation slowed down public affairs and production, with a marked decline in gross domestic product for 1998, triggering a worrisome trend of out-migration, particularly of better trained individuals. At present, very slow progress has been made in terms of dialogue between the two major political parties despite the mediation of the Caribbean Community (CARICOM); and the recommendation of the Herdmanston Accord of 1998 (which put an end to the civil arrest following the disputed results of the presidential election) for the establishment of a Constitutional Reform Commission has just been implemented.

2. Guyana has achieved some of the goals of the World Summit for Children in the areas of immunization coverage, and access to education and water and sanitation. The Government has also made significant progress in the area of housing, particularly for low-income families. However, given the population of the country and the quality of basic social services, much remains to be done. At the same time, it has been difficult to ascertain the level of attainment of many of the other goals due to the lack of data in some social areas. Thus, it is reported that although comparatively low by regional standards, the under-five mortality rate in Guyana remains one of the highest in the Caribbean subregion. The major causes of deaths among children continue to be diarrhoeal diseases, diseases of the respiratory system and malnutrition. There is also evidence of an increase in perinatal mortality rates, which are associated with inadequate antenatal care and poor maternal nutrition. In 1998, the maternal mortality rate was estimated at 125 per 100,000 live births; however, figures increase in the hinterland owing to a lack of skilled services. At the same time, while the supply of clean water has improved in major urban centres, its availability and quality remain a concern. There are persistent challenges in the areas of hygiene and sanitation in all sectors of the country.

3. Officially reported AIDS cases probably represent less than one third of estimated numbers owing to the lack of reliable and updated data. In Guyana, HIV infection rates are the highest of all member countries of the Caribbean Epidemiological Center. The 19- to 35-year-old age group has the highest incidence of HIV infection, accounting for 75 per cent of the overall total.

4. There is universal access to primary education, based on a reported 99 per cent enrolment rate in the period 1996/97; however, less than 50 per cent of all pupils successfully gain access into general secondary schools. Generally, girls seem to perform better than boys at this level. Repetition rates for level 1 declined from almost 8 per cent in 1994 to about 6 per cent in 1998, while drop-out rates at level 6 increased from about 3 per cent in 1995 to 4 per cent in 1998. The major causes of this problem have been traced to the high numbers of untrained and under-qualified teachers, coupled with a lack of materials and inadequate teaching methods. This situation is leading to an increase in the number of semi-literate, alienated, demotivated and socially unskilled adolescents.

5. The Government of Guyana ratified the Convention on the Rights of the Child in January 1991 and established a National Commission on the Rights of the Child in 1993, which was subsequently reinforced in the following years to ensure that the concerns of children and their families were high on the national agenda. In addition, and in relation to the Convention on the Elimination of All Forms of Discrimination against Women, legislative reforms on the Prevention of Discrimination Act (1997), the Domestic Violence Bill (1996) and the Medical Termination of Pregnancy Act (1995) have been passed by Parliament. Together with these positive legal reforms, there is now a need to increase efforts to mobilize support to provide services to ensure implementation and enforcement of these acts. Abuse against children and violence against women are still quite prevalent, and on the rise. Furthermore, the present migration and breakdown in family structures are considered major causes for the increase in single parenting. Poor negotiating and overall low skills for healthy life choices of youth, associated with poor gender socialization skills, also contribute to this trend.

6. Finally, Guyanese society is working to bridge partisan and ethnic differences that for decades have pitted Afro-Guyanese against Indo-Guyanese, and alienated the countries' indigenous people, known as Amerindians. From early in Guyanese history, deliberately fostered racial competition has hindered the development of real cohesion in Guyanese society. Moreover, conditions in Guyana over the last quarter century have perpetuated and expanded the problem, expressed not only in the relations among race groups on the coast, but in the growing imbalance between conditions on the coast and in the hinterland.

Programme cooperation, 1995–1999

7. The 1995–1999 programme of cooperation was aimed at supporting Government efforts to place children's and women's concerns high on the political and developmental agenda of the country, including implementation of the two Conventions and of actions conducive to meeting the goals set at the World Summit for Children for the year 2000. On the other hand, the programme was also aimed at supporting actions to improve access to, and the quality of, services provided for children and their families, particularly in the most disadvantaged and hard-to-reach areas of the country. This was done through a mix of integrated strategies spearheading the delivery of basic social services, targeting populations in the hinterland and peri-urban areas of the main cities of the coastal areas of Guyana. These actions were implemented through four major programmes: advocacy and social policy development; health and nutrition; basic education; and integrated area-based development.

8. These efforts resulted in the establishment of the National Commission for Children, the National Commission on the Family and the National Commission on Youth; UNICEF serves as adviser for all three National Commissions. However, while advances were made in overall legislative terms, actions fell short of mobilizing critical mass support and participation from the target population. Programmes implemented during the cycle helped to sustain the availability of basic social services in accessible areas, while increasing the capacity of national counterparts to deliver those services in an integrated manner. Thus, a sizable number of rural health workers, pre-school and primary teachers, social workers and high-level counterparts were trained and assisted in participating in major Caribbean and regional conferences. The content and range of activities varied from issues related to children's rights, integrated planning, the Bamako Initiative, parenting skills, health and family life education, building a child-friendly environment at the community level, managing social and sensitive issues in the classroom environment, the *escuela nueva* (new school) model, to reporting on achievement of the World Summit for Children goals. Special efforts were directed to the indigenous and disadvantaged populations in selected regions within the Amazon programme component of the area-based approach.

Lessons learned

9. The 1995–1999 programme of cooperation clearly demonstrated the importance of programme integration and inter-agency/intersectoral collaboration, as well as the significance of targeting programmes in 4 of 10 regions where the utilization of the scarce financial resources available would have the greatest impact. Following the current government policy of decentralization, a "top-down" programme approach is increasingly being discarded as a strategy. UNICEF has also learned to work more closely with local authorities, non-governmental organizations (NGOs) and civil societies as partners in programme planning, implementation, monitoring and evaluation, and this will be enhanced and expanded. In addition, UNICEF created a good working relationship and coordinated actions with the United Nations/United Nations Development Programme (UNDP) and the Pan American Health Organization/World Health Organization (PAHO/WHO), the only sister United Nations agencies present in the country, as well as with the Department for International Development (DfID) (United Kingdom) and other bilateral and multilateral organizations. Based on those experiences, it is anticipated that the proposed bridging programme will devise ways to support local capacity-building and governance both within current activities and in preparation for the new programme cycle beginning in 2001. It is envisaged that while the programme will continue with activities of the current cycle, there is an opportunity to include actions to support the establishment of baseline data at line ministries and at grass-roots levels, leading to a common national database for the social sectors.

10. UNICEF-supported community-based initiatives, such as parental education, building a child-friendly environment, income generation and the *escuela nueva* model, were successful in the poorest regions owing to a good social mobilization strategy, which combined training workshops, the media and school involvement; it will be retained for the next programme. This approach will incorporate communication for behavioural change as an integral part of all programmes. While monitoring of the end-decade goals of the World Summit will continue, more engaging child rights goals, particularly related to the protection of children and women against abuse and discrimination, will be pursued at national and regional levels. UNICEF Guyana is learning to work in an environment of increasing political, racial and social unrest, adjusting elements of programming and management to be able to respond adequately to the different challenges presented by the situation. However, it is envisaged that the current situation will continue and it might still hamper programme implementation and service delivery capacity in the short and medium term.

11. Thus, the capacity of the Government to manage social development projects should be strengthened so that ongoing advocacy efforts will translate the Government's commitment into specific gains for children. While continuing to support current actions, the proposed bridging programme will pay particular attention to strengthening the capacity of counterparts for policy formulation, legislative review and social action.

Recommended programme cooperation, 2000
Estimated annual expenditure
(*In thousands of United States dollars*)

	2000
General resources	
Advocacy and social policy	63
Health and nutrition	194
Basic education	80
Integrated area-based development	182
Cross-sectoral costs	136
Subtotal	**655**
Supplementary funding	
Advocacy and social policy	50
Health and nutrition	80
Basic education	60
Integrated area-based development	60
Subtotal	**250**
Total	**905**

Programme preparation process

12. Based on recommendations from the mid-term review, the results of the annual programme reviews, and initial findings of an updated 1998 situation analysis, including common factors for development derived from the recently presented "Government of Guyana National Development Strategy", the proposed cooperation will continue the four programmes of the previous programme cycle, accelerating and streamlining key actions in the year 2000.

Programme objectives and strategies

13. The programmes will aim at further strengthening the capacity of the Government to achieve the following goals and objectives: (a) to assist the Government in further translating into national commitments the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the agreed goals emanating from the World Summit for Children and the IV Lima Ministerial Meeting on Children and Social Policies; (b) to help in the effort to reduce the overall rates of infant, under-five and maternal mortality, as well as the levels of malnutrition; (c) to help improve the situation of selected urban and rural communities through an active, integrated and collaborative approach in addressing their most basic problems; (d) to promote the survival and development of children and the empowerment of women, particularly among the indigenous population, and the reduction of disparities in human development between the indigenous population and the country as a whole; (e) to help strengthen and expand early childhood care and development (ECCD) as a basis for enhancing early stimulation, growth and development, and to improve parents' knowledge and skills in early child care; and (f) to assist the Government in strengthening its information and analysis for monitoring the national goals, social policies, and children's and women's rights.

14. Within the context of the National Development Strategy of Guyana, UNICEF will adopt two cross-cutting strategies: community participation; and gender mainstreaming. These two strategies will be highlighted and given increased priority in all programme activities. The programme will also continue to use the five operational strategies of the previous programme, which include: (a) advocacy at the national level focusing on children's and women's rights, policy formulation and review of legislation; (b) building capacity to improve overall planning capacities, baseline data collection and harmonization of social indicators; (c) empowerment to strengthen community participation and help in the replacement of qualified manpower who left or are leaving the country, and to reinforce basic social services; (d) service delivery will continue to be used in areas where there are gender and geographical gaps; and (e) social mobilization/alliances/ strengthening partnerships will be sought from civil society organizations to promote, establish and sustain partnerships in favour of the survival, development and protection of children; and to assist in implementation of community-based action.

Advocacy and social policy

15. This programme will be implemented at national, regional and municipal levels to ensure that global and local agenda recommendations, such as the two Conventions and the goals of the Lima meeting, are implemented at all levels. It will base its actions on stimulating national and local dialogue with a view to engendering national consensus on issues of concern to the society. The sensitization of decision makers at national and regional levels, of the community and of other leaders will be a major activity in consensus-building. This will be achieved through national workshops, youth forums and child parliaments, including the participation of counterparts at all levels in regional and subregional training sessions and seminars.

16. The programme will continue to support and strengthen the National Commission for Children, and actively pursue a debate for the establishment of family courts. It will also encourage the participation of children at all levels of decision-making processes and will ensure the dissemination of information to guide policy issues. It will also support the collection of data at national and local levels so that sectoral development plans can benefit from a knowledge base of information and take appropriate policy choices. Studies and community surveys will be carried out which will complement the present work of the situation analysis with a view to the preparation of the next country programme. It will also facilitate discussions at the government level on the 20/20 Initiative and the need to involve disadvantaged groups in overall policy development and social investment. Capacity-building to use data for planning at national and community levels will be essential. All of these efforts will be based on consensus with the programmes and agendas of the United Nations/UNDP, particularly related to the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) processes.

Health and nutrition

17. This programme will benefit from the gains made in the past to address weak areas in programme delivery and help in efforts to make services accessible to all. It will also support the strengthening of available services, providing the necessary training to community representatives of the hinterland and peri-urban areas, particularly of the Georgetown area. This would include capacity-building, human resources development and policy support for the ongoing health sector reform using the principles of the

Bamako Initiative. UNICEF will work in this area in close collaboration with PAHO/WHO and other international and local aid development organizations, including NGOs and community-based organizations (CBOs).

18. This programme will provide technical assistance for the integration of related services such as nutrition; the promotion of exclusive breastfeeding; the establishment of baby-friendly health facilities; limited water and sanitation activities, particularly related to proper handling of resources; and excreta and garbage disposal, at regional and district levels. Actions in this programme will include elements of implementation of the CARICOM Health and Family Life Education initiative aimed at promoting life skills development, HIV/AIDS prevention, reducing early pregnancies, and gender socialization, helping youth to access the necessary knowledge for better life skills.

Basic education

19. This programme will continue to support efforts to reduce high repetition and drop-out rates. It will provide support for policy formulation for continuity of primary education reform and changing teaching approaches to include the *escuela nueva* model. Support will also be given to enhance the learning environment of children in the classroom by making learning materials available. Additionally, the programme will assist government counterparts in the preparation and completion of the Education for All report, in collaboration with the United Nations Educational, Scientific and Cultural Organization National Committee.

20. In order to address inequalities in the early childhood care for survival, growth and development component of the programme, efforts will be made to implement the recommendations of the Caribbean and the Guyana ECCD Plans of Action. The programme will provide technical support for better parenting activities while supporting the training of teachers, curriculum development and materials production. This will be done in collaboration with the Caribbean Child Development Centre of the University of the West Indies through an agreement reached with the UNICEF Caribbean Area Office.

Integrated area-based development

21. With an emphasis on community participation, this programme will be multisectoral in nature and will be implemented with various ministries, in particular the Ministries of Health, Education, Local Government, Human Services and Social Security. It will support the enhancement of community participation to advance children's and women's rights, transfer basic planning skills to community groups and the delivery of integrated basic social services in targeted communities through capacity-building at regional, municipal and community levels. Local-level activities will be implemented in close collaboration with the American Peace Corps and CBOs present in the poorest and hard to reach regions of the country.

22. The programme will provide technical support for data collection at local levels to guide the decision-making process. Emphasis will be placed on families and children at risk through support to NGOs and CBOs in their efforts to protect children from all kinds of abuse, neglect and discrimination. The programme will provide technical support through an agreement between UNICEF and DFID particularly related to integrated area-based actions, including implementation of women's economic empowerment activities in the Amazon areas.

Monitoring and evaluation

23. The office will conduct quarterly programme monitoring exercises with counterparts, partners in the United Nations system and bilateral agencies, and an annual review at the end of the year leading to the new programme cycle. There will be continuous monitoring of project activities through field visits by project officers, separately and with counterparts, including the participation of the main UNICEF donors in the country.

Programme management

24. The Ministry of Foreign Affairs, through the Department for Multilateral Cooperation, is responsible for coordination of the Government of Guyana/UNICEF country programme. The Caribbean Area Office will be responsible for reviewing annual plans, progress reports and major programme evaluations. Responsibilities for the management of programme components will rest with the heads of the respective government departments. Project coordinators will be designated to work in collaboration with UNICEF project officers, and will have overall responsibility for planning, managing and monitoring implementation at project, regional and municipal levels. Financial management will be undertaken by UNICEF Guyana.

25. At the internal level, all of the above-mentioned aspects will be included in the annual management plans where particular importance will be paid to indicators for monitoring office management and project inputs and outputs. In addition to the annual review of programmes, a specific session to evaluate overall office and programme performance will be organized with participants from the UNICEF Caribbean Area Office and the Americas and the Caribbean Regional Office. The results will be used to shape the new country programme of cooperation for 2001–2005.

TABLE

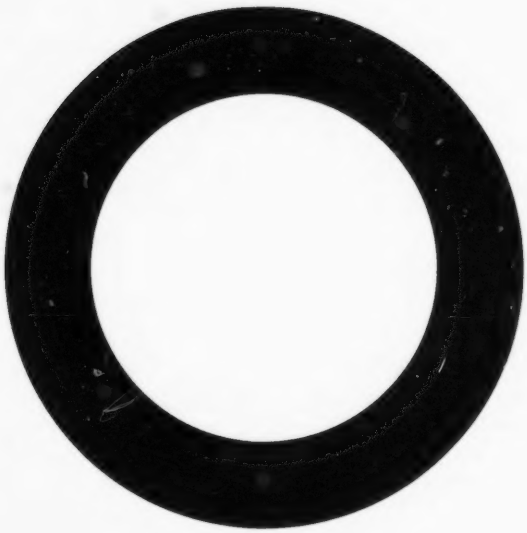
COUNTRY : GUYANA
PROGRAME : 2000-2000

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
ADVOCACY & SOCIAL POLICY	63,000			63,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH & NUTRITION	194,000			194,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION	80,000			80,000	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGRATED DEVELOPMENT	182,000			182,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	136,000			136,000	0	0	0	0	0	0	0	2	0	2	0	61,700	61,700
TOTAL GR	655,000			655,000	0	0	0	0	0	0	0	2	0	2	0	61,700	61,700
SUPPLEMENTARY FUNDING :																	
ADVOCACY & SOCIAL POLICY		0	50,000	50,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH & NUTRITION		0	80,000	80,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION		0	60,000	60,000	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGRATED DEVELOPMENT		0	60,000	60,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	5	5	0	36,923	36,923
TOTAL SF		0	250,000	250,000	0	0	0	0	0	0	0	0	5	5	0	36,923	36,923
TOTAL GR & SF	655,000	0	250,000	905,000	0	0	0	0	0	0	0	2	5	7	0	98,623	98,623
SUPPORT BUDGET		Operating costs		146,490													
		Staffing			0	0	0	1	0	0	1	0	2	3	143,325	26,554	169,879
GRAND TOTAL (GR + SF + SB)					0	0	0	1	0	0	1	2	7	10	143,325	125,177	268,502
Number of posts and staff costs:																	
Current programme cycle											1	2	7	10			
At the end of proposed programme cycle (indicative only)											1	2	7	10	143,325	125,177	268,502

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.



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For action

Recommendation for funding for a short-duration country Programme**

Haiti

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Haiti with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $3,902,000 from general resources, subject to the availability of funds, and $7,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2001.

* E/ICEF/1999/15

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16)

99-20721 (E) 280799

Basic data

(1997 unless otherwise stated)	
Child population (millions, under 18 years)	3.9
U5MR (per 1,000 live births)	132
IMR (per 1,000 live births)	92
Underweight (% moderate and severe) (1995)	28
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1995)	47/41
Primary school enrolment (% net, male/female) (1990)	25/26
Primary school children reaching grade 5 (%) (1990)	47
Access to safe water (%) (1995)	37
Routine EPI vaccines financed by Government (%) (1995)	0
GNP per capita (US$)	330
One-year-olds fully immunized against:	
tuberculosis	40 per cent
diphtheria/pertussis/tetanus	35 per cent
measles	30 per cent
poliomyelitis	32 per cent
Pregnant women immunized against tetanus	38 per cent

The situation of children and women

1. The prolonged social and political crises affecting Haiti have made it one of the poorest countries in the western hemisphere despite the fact that poverty alleviation and human rights have been declared political priorities. Since the return of constitutional institutions in 1994, efforts have been made to create a state of rights (freedom of speech, the creation of a national police force to replace the army, etc.). However, since June 1997, persistent confrontations between the legislative and executive branches have resulted in the stagnation of economic and social initiatives, and growing insecurity. This environment has stimulated out-migration and has affected the country's ability to maintain the comparatively high levels of external assistance seen at the beginning of the restoration of constitutional rule, i.e from $74 per caput in 1995 (30 per cent of the total income per caput) to a 1998 estimate of less than $47 in 1997. Democratic institutionalization remains a national goal.

2. Inaccessibility and the poor quality of basic services (primary health care (PHC), basic education, etc.) and Government's low absorptive capacity owing to the absence of qualified human resources, are the main reasons for the lack of progress in ensuring the survival, protection and development of Haitian children and women during 1998–1999. The under-five mortality rate is currently estimated at 134 per 1,000 live births, up from 124 in 1995; one third of children are born with low birth weight; and only 37 per cent of the population have access to safe drinking water, a rate that has not improved in recent years. A recent independent, yet unconfirmed, estimate puts the maternal mortality rate (MMR) at 457 per 100,000, probably the highest in the western hemisphere. With regard to immunization, coverage with anti-tuberculosis vaccine was 40 per cent in 1997, down from 68 per cent in 1995; and measles vaccination levels, hovering at 30 per cent for the last three to four years, make Haiti a candidate for sudden epidemics. In education, net primary enrolment for both boys and girls barely reaches 25 per cent, while illiteracy for both sexes remains stagnant at 45 per cent. Life expectancy has diminished from 58 years in 1995 to 54 years in 1997. The gross national product per capita is estimated to have increased from $250 in 1995 to around $300 by 1998. In that year, the Human Development Index placed Haiti at the 159th position, down from 124 in 1990.

Programme cooperation, 1998–1999

3. The 1998–1999 bridging programme continued the work towards achieving the 1995–1997 objectives of the

previous programme which included: (a) reducing under-five morbidity and mortality; (b) contributing to the reduction of MMR; (c) improving the hygiene conditions of poor populations in four selected areas; (d) contributing to the development of a flexible, well-adapted basic education system for 6- to 15-year-olds; (e) advocating for the direct involvement of communities in solving their own priority problems; and (f) promoting children's rights and gender equity. Operationally, the current programme adopted a strategy of greater convergence, away from fragmented and specific emergency interventions.

4. The programme: (a) supported capacity-building activities in rural areas (North-western Department) and suburban zones (16 slum areas of Port-au-Prince) through education, health and community empowerment projects; (b) strengthened partnerships with government agencies, non-governmental organizations (NGOs) and civil society associations through their increased participation in all phases of planning and monitoring processes; (c) obtained supplies, including vaccines valued at 39 per cent of total financial implementation, to be transferred to the funding of other cooperating agencies; (d) initiated experimental community-based projects in nutrition (mango-drying for supplementation with vitamin A), in community improvement (small-credit schemes) and in education (innovative formal and non-formal activities in 50 schools).

Lessons learned

5. Among the major constraints to programme implementation were: (a) the high turnover of government counterparts determined by the political environment described above; (b) insufficient implementation capacity of most counterparts; (c) the large number of projects and objectives forming the basis of the programme, inherited from a much larger financial base in the earlier years of the current programme; and (d) internal office restructuring and staff turnover.

6. The annual review of the 1998 programme of cooperation revealed that programme implementation had been slower than expected, due partly to the above factors, but also to a non-supportive political environment which limited intersectoral policies, thus depriving interventions of their multiplier effects. The review recommended that national capacity-building be systematically reinforced and closely monitored, while reducing the number of projects and objectives, focusing on their communication aspects to achieve behavioural change and sustainability.

7. Another powerful lesson learned was the sensitivity of national processes to the perception of the donor community. The level of supplementary funding for the rehabilitation programme in 1995–1996 was exceptional and could not be maintained. Thus, supplementary funding estimates, which were highly overestimated for 1998–1999, have now been halved in the proposed programme.

Recommended programme cooperation, 2000–2001

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*Total*
General resources			
Health and nutrition	550	550	1 100
Basic education	351	351	702
Empowerment of communities and local governments	350	350	700
Children's and women's rights	200	200	400
Cross-sectoral costs	500	500	1 000
Subtotal	**1 951**	**1 951**	**3 902**
Supplementary funds			
Health and nutrition	1 000	1 000	2 000
Basic education	1 500	1 500	3 000
Empowerment of communities and local governments	300	300	600
Children's and women's rights	700	700	1 400
Subtotal	**3 500**	**3 500**	**7 000**
Total	**5 451**	**5 451**	**10 902**

Programme preparation process

8. Despite the fact that the preceding programmes were bridging programmes, it was decided by UNICEF and Government of Haiti to prepare a new bridging programme for 2000–2001 for the following reasons: (a) the socio-political crisis had generated a blockage of all institutions, the Government resigned in June 1997, the head of State dismissed the Parliament in January 1999, a provisional Government was installed in March 1999 and the priority mandate of the new Government is to organize the legislative elections by the end of 1999; and (b) United Nations Development Group agencies have reached an agreement to harmonize their programme cycles in 2002 in light of the Common Country Assessment/United Nations Development Assistance Framework (UNDAF) process.

Programme objectives and strategies

9. In view of the commitments towards achievement of the goals of the World Summit for Children, the proposed bridging programme will focus on more specific programme priorities than in the previous programme. It will combine major health interventions on a national scale, complementing the assistance of other cooperating agencies, together with ongoing experimental activities concentrated in two zones — the North-West Department and the peripheral areas of Port-au-Prince — benefiting approximately 950,000 inhabitants (13 per cent of the population). The programme objectives include: (a) achievement of a minimum of 80 per cent coverage with the expanded programme on immunization and vitamin A supplementation nationwide; (b) development of integrated community-based activities in child health, nutrition, sanitation and hygiene by making available a set of a minimum health care package in 100 per cent of the institutions in the concentration zone; (c) support to operational research and institutional capacity-building of national institutions for the reduction of mother-to-child transmission of HIV/AIDS; (d) development of innovative approaches to access to basic education, education quality and learning environment; and (e) development of community awareness of their present situation and their capacity to analyse and solve these development problems by community empowerment and the promotion of children's and women's rights. The programme will pursue advocacy efforts to maintain the purchase of PHC inputs by government and bilateral funding and to guarantee the financing and extension of pilot interventions.

Health and nutrition

10. This programme will maintain national-level, survival-oriented activities in cooperation with other partners (the World Health Organization/Pan American Health Organization (WHO/PAHO), the United Nations Population Fund (UNFPA), the Joint and Co-sponsored United Nations Programme on HIV/AIDS, the United States Agency for International Development (USAID), the Inter-American Development Bank (IDB) and the World Bank). Increased immunization coverage (especially for measles and poliomyelitis), the prevention of HIV/AIDS transmission, the reduction of maternal mortality, micronutrient activities (iodine, vitamin A) and breastfeeding promotion will be the top priorities. Assistance will be provided to develop a complementary national communication strategy. A model for improved access to quality basic health services with increased community participation will continue in two areas of concentration areas which will be assessed during the programme period and replicated accordingly. Strengthening institutional capacities and the geographic replication capability will be the key operational interventions.

Basic education

11. This programme will continue to focus on the priorities of the previous programme, including: (a) improvement of the quality of basic education through the introduction of innovative pedagogic methodologies; the integration of life skills in the curriculum (in cooperation with UNFPA); monitoring of children's knowledge acquisition (in cooperation with the United Nations Educational, Scientific and Cultural Organization (UNESCO); and development of a community approach for early childhood care, survival, growth and development; and (b) the development of non-formal basic education with a curriculum that will be adapted for out-of-school children. Institutional replication will receive special attention. Along with UNESCO and UNFPA, the programme will be implemented in consultation with French Cooperation, USAID and IDB (girls' education and pedagogic innovations).

Empowerment of communities and local governments

12. The programme will continue participatory microplanning activities in the two areas of concentration. There will be a special emphasis on a culturally sensitive communication strategy, including language, for behavioural change. Assistance to local governments will be increased in line with the next electoral process (2000), in close cooperation with the United Nations Development Programme (UNDP). The programme will maintain micro-credit schemes for women, as well as pilot water and sanitation actions to stimulate community participation and self-sustainability.

Children's and women's rights

13. The programme will focus on the promotion of children rights along four concrete lines of action that stress responsible political governance: (a) advocacy with decision makers for the development and application of laws based on international conventions ratified by Haiti; (b) monitoring implementation of these laws; (c) sensitization of the public at large, and women and children in particular, concerning rights and eventual violations through the media and traditional communication channels; and (d) reinforcement of institutional capacities concerning juvenile justice.

Programme management

14. The Ministry of Planning and Foreign Cooperation will be responsible for programme coordination, with close technical assistance from the UNICEF Port-au-Prince office. Technical departments and NGOs will jointly implement programmes and project components.

15. Within the framework of management excellence, which emphasizes attention to staff morale and on-the job training, the country office will develop annual management plans.

16. Implementation of an integrated monitoring and evaluation plan will strengthen programme activities benefiting children and women at institutional and community levels. Sector-related information systems will be strengthened in coordination with those of WHO/PAHO, UNESCO, UNDP and USAID in order to regularly update and monitor the situation of children and women. Progress towards the achievement of the decade goals will be evaluated through such mechanisms as the Demographic and Health Survey, the national census and a multiple indicator cluster survey.

17. Within the framework of United Nations reform, especially UNDAF, close cooperation with United Nations agencies will induce qualitative improvement of databases,

their analysis and the design of convergent interventions, particularly with WHO/PAHO, UNESCO, UNFPA, UNDP and the *Mission civile internationale en Haiti*.

18. The multi-year resource mobilization plan developed since 1999 will be monitored closely and updated periodically. This plan includes diversified activities, including: field visits to project sites with donor representatives; the participation of local donors in planning and evaluation activities; the production and dissemination of communication materials on projects; the development of quality proposals and timely and substantive reporting; and the identification of private sponsors for mass media-oriented activities. Advocacy efforts with the local international community will be enhanced by regional and global actions being developed by the Americas and the Caribbean Regional Office and New York headquarters.

COUNTRY : HAITI
PROGRAMME : 2000-2001

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH-NUTRITION	1,100,000			1,100,000	0	0	0	0.8	0	0	0.8	0	1	1.8	102,270	120,713	222,983
BASIC EDUCATION	702,000			702,000	0	0	0	0.3	0	0	0.3	1	0	1.3	34,090	210,432	244,522
EMPOWERMENT OF COMMUNITIES & LG	700,000			700,000	0	0	0	0	0	0	0	2	0	2	0	254,014	254,014
CHILDREN'S AND WOMEN' S RIGHTS	400,000			400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	1,000,000			1,000,000	0	0	0	1	0	0	1	2	5	8	266,153	416,410	682,563
TOTAL GR	3,902,000			3,902,000	0	0	0	2.1	0	0	2.1	5	6	13.1	402,513	1,001,569	1,404,082
SUPPLEMENTARY FUNDING :																	
HEALTH-NUTRITION		0	2,000,000	2,000,000	0	0	0	0.3	0	0	0.3	2	1	3.3	163,883	241,700	405,583
BASIC EDUCATION		0	3,000,000	3,000,000	0	0	0	0.8	0	0	0.8	1	1	2.8	232,063	168,775	400,838
EMPOWERMENT OF COMMUNITIES & LG		0	600,000	600,000	0	0	0	0	0	0	0	0	2	2	0	65,567	65,567
CHILDREN'S AND WOMEN' S RIGHTS		0	1,400,000	1,400,000	0	0	0	0	0	0	0	0	0	0	0	9,448	9,448
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	1	1	0	26,039	26,039
TOTAL SF		0	7,000,000	7,000,000	0	0	0	1.1	0	0	1.1	3	5	9.1	395,946	511,529	907,475
TOTAL GR & SF	3,902,000	0	7,000,000	10,902,000	0	0	0	3.2	0	0	3.2	8	11	22.2	798,459	1,513,098	2,311,557
SUPPORT BUDGET			Operating costs Staffing	380,200	0	0	1	2	0	0	3	2	8	13	825,615	875,642	1,701,257
GRAND TOTAL (GR + SF + SB)					0	0	1	5.2	0	0	6.2	10	19	35.2	1,624,074	2,388,740	4,012,814
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										6 6.2	15 10	23 19	44 35.2	1,624,074	2,388,740	4,012,814

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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For action

Recommendation for funding for a short-duration country programme**

Paraguay

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Paraguay with duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $1,417,000 from general resources, subject to the availability of funds, and $1,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2001.

* E/ICEF/1999/15

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-21383 (E) 130899

Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	2.4
U5MR (per 1,000 live births)	33
IMR (per 1,000 live births)	27
Underweight (of moderate and severe) (1990)	4
Maternal mortality rate (per 100,000 live births) (1989–1995)	190
Literacy (% male/female) (1995)	93/90
Primary school enrolment (% net, male/female) (1996)	91/91
Primary schoolchildren reaching grade 5 (%) (1994)	71
Access to safe water (%) (1996)	60
Routine EPI vaccines financed by Government (%)	90
GNP per capita (US$)	2 010
One-year-olds fully immunized against:	
tuberculosis	87 per cent
diphtheria/pertussis/tetanus	82 per cent
measles	61 per cent
poliomyelitis	82 per cent
Pregnant women immunized against tetanus	32 per cent

The situation of children and women

1. In Paraguay, managing the transition to a democratic system has taken priority over resolving substantive economic and social issues. Widespread poverty and inequality persist. In 1998, the gross national product per capita was an estimated $1,580, with the richest 20 per cent of the population controlling 63 per cent of the country's produce, and the poorest 10 per cent controlling only 0.6 per cent. Sixty-eight per cent of the population live in households that have at least one of its basic needs unsatisfied. Social disparities affect both rural peasant and poorer urban populations, as well as women and ethnic minorities.

2. Social indicators underscore such disparities: for example, while national data indicated an average maternal mortality rate (MMR) of 224 per 100,000 live births, in the rural department of Caazapa, the rate was estimated at 370. Similarly, while in Asuncion, the capital, 74 per cent of schoolchildren finish sixth grade, in Canindeyu, only 37 per cent do so. Inequities also exist in the proportion of income paid to working women, who receive only 64 per cent of the salary paid to men.

3. The situation of children is inextricably linked to these socio-economic and political contexts. Insufficient coverage and quality of basic public services have been dominant factors affecting the situation of children. Based on 1997 data, some 66 per cent of the population have access to public health services, 39 per cent to safe water and a mere 9 per cent to proper sanitary facilities. On the other hand, 47 per cent of childbirths occur in the home, and only 57 per cent of women have five or more prenatal visits. These figures are all the more worrisome if one considers that the public deficit has tripled in the last three years and that the chances of increasing social investments are very slim.

4. The major causes of infant mortality are injuries during delivery, infections of the newborn, pneumonia, congenital malformations and neonatal tetanus. The rate of child chronic malnutrition is 16 per cent, and 9 per cent of children have low weight at birth. Septic abortion, toxaemia, haemorrhages and sepsis are the major causes of maternal mortality. The infant and maternal mortality rates increase in hard-to-reach rural areas. It is estimated that 35 per cent of pregnant women suffer from anaemia.

5. The average Paraguayan has less than a fifth grade education. As a result, 47 per cent of the economically active population are "functional illiterates". The official literacy rate is 91 per cent; however, in rural areas, it is 86 per cent. The net primary school enrolment rate was 91 per cent for 1996. However, retention rates, while increasing steadily between 1987 and 1996 (from 44 to 61 per cent), reveal that

4 out of every 10 children still do not reach sixth grade. Net secondary school enrolment is only 21 per cent (1995). Some 42 per cent of teachers in rural areas do not have a teaching degree. Low enrolment and high drop-out rates exacerbate child labour. It has been found that 34 per cent of children between 7 and 17 years of age are economically active.

6. Apart from the nascent experiences in the *Mita Rogi* project (a child day-care centre), early childhood care and development (ECCD) services are lacking and are practically non-existent for children between the ages of eight months and four years old. Some 25 per cent of urban households and 27 per cent of poor urban households are headed by women. Frequently these mothers are forced to leave their children — often in unsafe and non-stimulating environments in order to work outside their neighbourhoods.

7. For the girl child, the menace of sexual exploitation is increasing. A UNICEF-supported survey on sexual exploitation in Asuncion and Ciudad del Este reveals that 40 per cent of prostitutes are younger than 16 years old, and 26 per cent are between 16 and 19 years old.

Programme cooperation, 1995–1999

8. Paraguay ratified the Convention on Rights of Children in 1990, and in 1996, a new adoption law was passed enacting its principles. However, a draft Children's Code still awaits approval by the legislature. The factors described above mitigate against achievement of several of the goals set by the National Plan of Action (NPA) for Children by the year 2000. These include: (a) the reduction by one third of the under-five mortality rate (U5MR); (b) the reduction by one half of MMR; (c) the elimination of neonatal tetanus and iodine deficiency disorders; (d) increasing the school retention rate to 80 per cent; and (e) increasing access to sanitary facilities.

9. The mid-term review (MTR) acknowledged significant results. The country programme introduced innovative methodologies to increase the quality of education in rural areas through its *Mita Iru* ("child-friendly" in Guarani) project. It has also developed a new approach to ECCD through the *Mita Roga*, a day child-care centre managed by mothers in poor suburban communities.

10. Progress has also been made in programmes related to nutrition at the community level through an alliance with the National Social Pastoral of the Catholic Church. The poor rural and urban communities covered by the projects have learned how to enrich their food, putting more emphasis on the role of micronutrients such as iron, vitamins and calcium, as well as soybeans as a source of protein and the maintenance of a balanced healthy diet.

11. Immunization coverage has reached 82 per cent. Some 85 per cent per cent of hospitals have been certified as baby-friendly, and there is a 72 per cent use of oral rehydration therapy.

12. UNICEF capacity to influence public opinion can be seen by its presence and credibility in the press, which has disseminated information on the situation of children and women and important issues that affect them. Campaigns such as the Mayors and Governors as Defenders of Children, the establishment of a network of journalists concerned with children's rights and the organization of a group of UNICEF volunteers have positioned UNICEF to serve as a strong advocate of participatory public policies.

Lessons learned

13. There is a need to improve national capacity for adequate monitoring and evaluation as most projects lack baseline data or indicators to monitor progress and results. Therefore, an integrated system has been introduced at both national and local levels. At the national level, sources of information are working to achieve a consensus among governmental agencies, international organizations and international non-governmental organizations (NGOs).

14. The MTR reaffirmed the need to overcome sectoral patterns and adopt a holistic child-focused approach with mutually complementary interventions. To achieve this, a dialogue has been necessary between the different sectors on social policies aimed at children, as well as at the local level to integrate intersectoral municipal projects.

Recommended programme cooperation, 2000–2001

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*Total*
General resources			
Community-based survival and development	413.0	381.6	794.6
Rights to education and participation	195.0	196.6	391.6
Protection of children's rights	119.0	111.8	230.8
Subtotal	**727.0**	**690.0**	**1 417.0**
Supplementary funds			
Community-based survival and development	200.0	200.0	400.0
Rights to education and participation	100.0	100.0	200.0
Protection of children's rights	200.0	200.0	400.0
Subtotal	**500.0**	**500.0**	**1 000.0**
Total	**1 227.0**	**1 190.0**	**2 417.0**

Programme objectives and strategies

15. The new Government of Paraguay has expressed its commitment to the need to guarantee universal access to education and the importance of providing quality health services for all. The extension of the UNICEF programme of cooperation for two year (2000–2001) will support those objectives and advocate to the new political authorities the formulation of a social development plan that will emphasize children's and women's rights. It will also lead to the full harmonization of the programme cycles of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and UNICEF as of 2002, and enable UNICEF to participate fully in the preparation of a Common Country Assessment (CCA) and a United Nations Development Assistance Framework (UNDAF), which will provide the framework for the development of the next full-length programme of cooperation.

16. This short-duration programme is in accordance with the global objectives of the medium-term plan for the period 1998–2002 (E/ICEF/1998/13 and Corr.1) and aims to accelerate achievement of the goals of the World Summit for Children. It focuses on keeping all human rights, especially those of children and women, high on the country's agenda.

17. Programme cooperation will continue to strengthen the capacity of the Government to: (a) translate into national commitments the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the agreed goals of the World Summit for Children, including those on reducing the infant mortality rate, U5MR, MMR and the levels of malnutrition; (b) strengthen and expand ECCD and improve parents knowledge and skills; and (c) strengthen the analysis and monitoring of its NPA for children.

18. Consequently, this short-duration programme of cooperation includes three programmes: (a) community-based survival and development; (b) rights to education and participation; and (c) the protection of children's rights.

Community-based survival and development

19. In selected local communities, this programme will advocate the need for a child-centred approach to early childhood care, growth, survival and development and endeavour to decrease the high rates of maternal and child mortality and morbidity. Projects will include early childhood education (ECE) to ensure the physical, social, emotional and intellectual development of children; the promotion of hygiene practices; improved nutrition and health care; and better parenting by both mothers and

fathers. It will also aim to improve access to safe drinking water and excreta disposal, reduce malnutrition, and increase the coverage and quality of ECE services for children under five years old.

20. Interventions will include the development of skills to identify needs, articulate demands and plan the expansion or innovation of basic social services at the municipal level. They will also emphasize cultural aspects that define family child-rearing roles with the aim of changing behavioural patterns to improve the relationship between genders.

21. The programme will support the process of decentralization currently under way at the health district councils, strengthen the network of Mayors as Defenders of Children, formulate Municipal Action Plans for Children and strengthen the network of Children's Rights Defence Councils.

Rights to education and participation

22. This programme will aim at the universalization of primary education, from pre-primary to ninth grade (5 to 15 years of age), in terms of coverage and quality. It will advocate for an education that transmits democratic and pluralist values, including tolerance and respect for diversity.

23. The programme will focus on the right to education as a means to underscore social inclusion and inform public opinion on the effects of social and economic situations that increase school drop-out rates, child labour and teen pregnancies. The programme will include supplementary feeding and advocacy to encourage parents from low social/economic areas to maintain their children's attendance in school. A strong component of communication and social mobilization of adolescents to encourage their participation in issues of national or local concern will be a major feature.

24. In addition, the programme will include efforts to mobilize communities to transform their schools into places where mothers, fathers and children can meet with community leaders to strengthen channels of communication between the generations.

Protection of children's rights

25. This programme will advocate for and support legislative, institutional and policy adaptations required to protect children's rights, particularly those children who have been victimized or are at risk of abuse, in conflict with the law, abandoned, or suffer sexual and economic exploitation. It will also contribute to the mass dissemination of the principles of the two Conventions and emphasize a gender perspective. Surveys to provide better information on child prostitution, abuse, exploitation and abandonment will be carried out to closely monitor their situation. This will be a first step towards more effective mobilization of support to reduce such social problems.

26. Support to the Government and other national partners will focus on the organization of a National Child Rights Protection Network, thus implementing the Children's Code presently debated in the legislature. UNICEF will also contribute towards the design of public policies based on a "first call for children", underscoring the importance of budgetary allocations to the social sectors. Similarly, the programme will train social workers, magistrates and other law enforcement agents, as well as policy makers dealing with children whose rights require special protection, on how to integrate children's rights into their primary functions. Technical assistance will be provided to define and implement advanced methodologies related to the care of children with special protection needs.

27. The programme will coordinate activities with the general education programme, since the opportunity for a second chance in education is a key aspect of social reintegration efforts of children in need of special protection measures.

Programme management

28. The UNICEF/Government of Paraguay Coordinating Committee, formed by social sector ministers, NGOs, the Church and provincial governments, will review and approve the annual plans of action and hold meetings three times a year to monitor, advise and coordinate with bilateral cooperation agencies. Programme quality assurance indicators, as developed by The Americas and the Caribbean Regional Office, headquarters and the Coordinating Committee, will be built into the work plan. Field visits by members of the Coordinating Committee will be undertaken whenever necessary.

29. Within the framework of management excellence, the country office will develop annual management plans, incorporating the recommendations of the prior annual review, giving special consideration to staff morale, on-the-job training and ensuring that personnel turnover does not interfere with implementation.

30. An integrated monitoring and evaluation plan will serve as the basis for the annual reviews, annual reporting, advisory missions and special evaluations, and will systematically involve partners, allies, counterparts, donors and, in some instances, the beneficiaries themselves.

31. To work towards implementation of United Nations reform, UNICEF will participate in the preparation of a CCA, leading in due course to the development of an UNDAF. Collaboration with UNDP and UNFPA will be strengthened: complementary goals will be established and convergent projects and activities developed as appropriate. Efforts will be made to work more closely with other United Nations agencies in relevant fields, with the CCA and UNDAF providing the framework.

32. The programme plans to increase fund-raising activities to obtain the required supplementary funds from bilateral cooperation agencies present in the country, as well as from the national private sector, multilateral banks (the Inter-American Development Bank and the World Bank) and the National Government. The office will pay special attention to leveraging further government resources for both local and national programmes. Improved contributions management, including timely and substantive donor reports, will be a priority.

TABLE

COUNTRY : PARAGUAY
PROGRAMME : 2000-2001

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
COMMUNITY-BASED SURVIVAL AND DEVEL	794,600			794,600	0	0	0	0	0	0	0	1.3	0.7	2	0	189,804	189,804
RIGHTS TO EDUCATION AND PARTICIPAT	391,640			391,640	0	0	0	0	0	0	0	0.5	0.3	0.8	0	64,463	64,463
PROTECTION OF CHILDREN'S RIGHTS	230,760			230,760	0	0	0	0	0	0	0	0.3	1	1.3	0	65,563	65,563
TOTAL GR	1,417,000			1,417,000	0	0	0	0	0	0	0	2.1	2	4.1	0	319,830	319,830
SUPPLEMENTARY FUNDING :																	
COMMUNITY-BASED SURVIVAL AND DEVEL		0	400,000	400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
RIGHTS TO EDUCATION AND PARTICIPAT		0	200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROTECTION OF CHILDREN'S RIGHTS		0	400,000	400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	1,417,000	0	1,000,000	2,417,000	0	0	0	0	0	0	0	2.1	2	4.1	0	319,830	319,830
SUPPORT BUDGET		Operating costs		86,300													
		Staffing			0	0	0	1	0	0	1	2	3	6	256,665	428,906	685,571
GRAND TOTAL (GR + SF + SB)					0	0	0	1	0	0	1	4.1	5	10.1	256,665	748,736	1,005,401
	Number of posts and staff costs:																
	Current programme cycle										1	4	5	10			
	At the end of proposed programme cycle (indicative only)										1	4.1	5	10.1	256,665	748,736	1,005,401

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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For action

Recommendation for supplementary funding without a recommendation for funding from general resources**

Central America subregional

Summary

The present document contains a recommendation for supplementary funding for a subregional programme for countries in Central America affected by hurricane Mitch for which no recommendation for funding from general resources is requested. The programme proposal submitted here is aimed at expanding or complementing ongoing country programmes in the region in direct response to needs caused by the effect of the hurricane and to strengthen the disaster prevention and mitigation capacities of the countries and the subregion. The Executive Director *recommends* that the Executive Board approve supplementary funding in the amount of $25,000,000 for the subregional programme for Central America for the period 1999 to 2001, subject to the availability of specific-purpose contributions.

* E/ICEF/1999/15

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

99-21242 (E) 120899

The situation of children and women

1. In late October-early November 1998, a Class 5 hurricane struck four Central American countries. Hurricane Mitch caused extreme devastation in Honduras, severe damage in Nicaragua, and considerable damage in Guatemala and El Salvador. In all four countries, the poorest members of society were the hardest hit, in part because their homes were located in vulnerable sites, and in part because poverty left them vulnerable to the emergency conditions created by the storm. About one half of the population in each country is under 18 years old and, on average, over one half of the children in the affected countries live in poverty or extreme poverty. Therefore, poor children were most severely affected by the disaster.

2. Some of the worst damage was to water and sanitation systems, leaving millions without clean drinking water or adequate excreta disposal facilities, thus opening the way for disease and epidemics. Hundreds of schools were destroyed or damaged, depriving children of their right to education. Families lost homes and loved ones, creating emotional distress and despair, and thousands were relocated to shelters that were inadequate. Poor rural families lost their homes, crops and livestock, putting them at risk of dire impoverishment. Hurricane Mitch threatens to set back development progress in Honduras by a decade or more, and has further jeopardized the future of poor children in the region.

3. The four countries affected by hurricane Mitch are all characterized by wide rural-urban disparities in access to basic services, which include health care, safe drinking water, sanitation and education. These disparities have been exacerbated by the historic exclusion of indigenous populations from access to basic services. As a result, health indicators for children and women are generally poor, with relatively high maternal and child mortality rates and large pockets of persistent malnutrition. Moreover, all of the countries, except for Honduras, were just beginning to recover from more than a decade of internal warfare that had victimized large numbers of children, left many women to act as family breadwinners, and took a particularly heavy toll on rural populations. Due to a combination of poverty, lack of access, weak curriculums and cultural norms, large numbers of children and youth in rural areas work rather than attend school — a factor that will be exacerbated by the impoverishment caused by hurricane Mitch.

Previous programme cooperation

4. During the 1990s, throughout Central America, UNICEF has promoted policies and programmes to ensure the rights and improve the well-being of children and the poor. UNICEF's work has focused on harmonizing national legislation with the Convention on the Rights of the Child; ensuring access to sustainable basic social services for children and women through integrated local development projects; mobilizing local communities around respect for and the guarantee of children's and women's rights; increasing access to health care, water and sanitation, and quality education; and providing psychosocial support for children affected by war (in Guatemala, El Salvador and Nicaragua).

5. Immediately after hurricane Mitch struck, UNICEF worked in close cooperation with Governments and other United Nations agencies to respond to the urgent needs created by the emergency. UNICEF country offices distributed essential drugs and chlorine tablets to purify water; assessed the needs of children in shelters and provided health and hygiene education; helped to replace school materials and supplies; provided psychosocial care to children traumatized by the effects of the storm; and helped to rebuild latrines, wells and other essential facilities. Between January and May 1999, UNICEF country offices engaged in a series of medium-term activities such as planning a cholera-prevention programme with the Pan American Health Organization (PAHO), working with Governments to restore school enrolment and attendance levels, and supporting the work of local institutions and communities for the reconstruction of water and sanitation facilities.

Lessons learned

6. At a meeting in Santo Domingo in February 1999, UNICEF staff from the countries affected by the hurricane met to assess their emergency response and discuss lessons learned from hurricane-related activities. Overall, they concluded that the close linkages between poverty, vulnerability to natural disasters and environmental degradation must be addressed in future programming efforts. All predictions indicate that storms such as Mitch will continue — and even intensify — in the near future, and that Central American populations are highly vulnerable to earthquakes and volcanic eruptions as well as hurricanes. Therefore, reconstruction efforts must now focus on reducing the vulnerability of poor children and communities

to the loss of life and other rights; and support should be provided to national and local governments to create better early warning systems, disaster-response mechanisms and shelters for affected people.

7. One of the key roles of UNICEF in disaster situations, as agreed upon in Santo Domingo, is to promote the concepts of "social" reconstruction and disaster prevention to counter the traditional focus on physical reconstruction. Thus, for example, the reconstruction of water and sanitation facilities should take into account how to prevent their destruction in the future and include hygiene education and disease prevention components. The food and nutrition needs of babies and young children, as well as food security problems facing those whose crops and family gardens were destroyed, must be considered specifically in the larger context of "food needs". UNICEF, it was concluded, should be advocating in favour of the right of all children to be protected against the devastation that natural disasters wreak on them and their families.

Recommended programme cooperation, 1999–2001

8. All four countries have ongoing country programmes which, to some degree, have been adapted to some degree to respond to the changing situation caused by hurricane Mitch. Nevertheless, they remain essentially valid, and cooperation will continue largely as planned. However, each of the four countries directly affected by hurricane Mitch has also developed a package of proposals designed to follow up on activities begun after the storm and to undertake new initiatives to respond to identified needs. The proposals were developed in coordination with host Governments and other United Nations agencies in the spirit of reconstruction with transformation, and with the goal of reducing risk and mitigating the impact of future disasters, as well as recovering from the damage incurred by hurricane Mitch.

9. Many of the programming approaches are similar, given that conditions in rural Central America have a great deal in common and the pattern of the damages from the storm was similar in most countries. Among the strategies common to most of the UNICEF projects are: (a) to improve maternal and child health (MCH) to reduce vulnerability to epidemics; (b) to include hygiene education in basic services and health programmes to reduce vulnerability to disease; (c) to enhance capacity at the community level to improve food security; (d) to provide information and education and build capacity among national and local governments and vulnerable communities in the areas of disaster prevention, mitigation and response; (e) to encourage the participation of children and youth in disaster prevention activities; and (f) to provide psychosocial support to traumatized children.

10. In addition to the four country proposals summarized below, three subregional projects are proposed that involve all of the affected countries and, in some cases, Costa Rica, where the effects of hurricane Mitch were largely indirect, and Panama. The subregional projects address: (a) the rights and needs of children forced to migrate after hurricane Mitch; (b) cholera prevention; and (c) assistance to Governments in the subregion for the development of more effective disaster prevention, mitigation and response mechanisms.

Honduras

11. Honduras was by far the country most heavily damaged by the hurricane, with nearly 6,000 confirmed dead and about 30 per cent of the population directly affected. The projects proposed cover a wide range of needs as a result of the storm and its after-effects. The Honduras country office seeks funds to extend some of its existing pilot projects to communities affected by the storm and to initiate new programmes to prevent and mitigate the damage of disasters. The projects call for: (a) improving public awareness of the rights and needs of children during emergencies and reconstruction; (b) reducing vulnerability to epidemics, especially dengue and malaria; (c) mobilizing schoolchildren and teachers to create gardens and orchards to help meet nutritional and food security needs; (d) Mobilizing community involvement in construction and the management of water, sanitation and hygiene education services; (e) rebuilding damaged child-care facilities and greatly expanding municipal-based child-care services to meet the needs of working mothers; (f) supporting community-based reconstruction of schools and pre-school centres, and providing psychosocial assistance to children; (g) promoting greater social and economic opportunities for women, especially single mothers, through the development of micro-enterprise units; (h) strengthening capacity at the municipal level for managing the risks posed by disasters and rehabilitation in post-disaster situations; and (i) mobilizing poor communities, including children and adolescents, to have greater awareness of environmental issues and thus prevent or mitigate the impact of future natural disasters.

Nicaragua

12. Like Honduras, Nicaragua was one of the poorest countries in Latin America even prior to hurricane Mitch. The storm struck mostly poor, rural areas in the central part of the country, killing more than 3,000 people and destroying 32 per cent of crops. The projects proposed by the Nicaragua country office build on ongoing and emergency-generated activities, and will be carried out in the communities most heavily affected by hurricane Mitch. Support will be provided for national-level activities to prevent an outbreak of cholera, in conjunction with PAHO. Specifically, the role of UNICEF will be to carry out communication/education activities with the media, relevant government agencies and affected communities. There will be an information, education and communication initiative focused on personal hygiene and environmental sanitation to reduce the vulnerability of children in affected communities to communicable diseases, and targeted especially at girls. Efforts will focus on increasing school attendance and improving the quality of primary schools by offering a full-day programme that includes relevant extracurricular activities such as organized sports, health and hygiene education, children's rights, environmental protection, and first aid, and provides a nutritious meal at mid-day. UNICEF will support government efforts to provide appropriate educational and vocational training opportunities for rural youth, including incentives for families, information on reproductive health and early childhood education, and the organization of student brigades to improve environmental conditions at the community level. Government efforts will be supported to expand an existing UNICEF-sponsored rural basic services project (PROSERBI) to 39 additional municipalities seriously affected by hurricane Mitch through capacity-building among local government authorities.

El Salvador

13. Although the hurricane had subsided somewhat by the time it hit El Salvador, it nonetheless inflicted considerable damage to the small country. Three days of tropical rain affected 40 per cent of the country — in mainly poor, rural areas. The lack of a coordinated, well-managed response to the disaster, and the need to amply consider the rights and needs of children and adolescents during these emergencies, point to the need of addressing these aspects in the post-hurricane reconstruction. Most of the proposed activities are targeted to the 37 communities most heavily affected by hurricane Mitch and cover the following areas: (a) support for the creation of "Municipal Defenders of Child Rights" in 32 affected communities (five already have "*Defensorias*"); (b) improve the capacity of local communities and government agencies to reduce vulnerability during emergencies by improving health care in affected communities through the formation of networks of health volunteers; (c) capacity-building for local governments and communities in risk reduction and disaster response; (d) psychosocial support to traumatized children and education of communities in preventing domestic violence, including a needs assessment and training of facilitators and institutional capacity-building; (e) promote the leadership of youth in local reconstruction and disaster prevention programmes and in advocating in favour of children's rights; (f) promote efforts to include the concept of rights within legislation covering disasters, especially the rights of the most vulnerable population; and (g) at the national level, support the development of norms for managing shelters during emergencies.

Guatemala

14. Guatemala is the largest and most heavily populated of the four affected countries, as well as being at high risk for loss of life and other damage from earthquakes and volcanic eruptions, which occur frequently throughout the country. Guatemala is located on three tectonic plates and is home to 40 volcanoes, 5 of which are currently active. Given the widespread nature of vulnerability to disaster in the country, this programme proposes a dual approach in which similar projects are carried out: first, in communities affected by hurricane Mitch during 1999–2000; and second, in contributing to the National Plan for the Prevention and Mitigation of Disasters during 2000–2001, which aims to strengthen the capacities of national institutions as well as of communities to manage disasters. In summary, the project activities proposed are: (a) the reconstruction of water supply and sanitation networks, including their relocation when necessary, and expansion of networks to reach the most vulnerable population, thus reducing their risk from future emergencies; (b) increasing the capacity of local communities to meet food security needs through the construction of small silos and warehouses, and the organization of community dining halls, including training on the need for micronutrients and menus for emergency situations; (c) providing psychosocial assistance to children affected by hurricane Mitch, and the training of teachers in a psychosocial attention model to identify and work with children with special emotional needs; (d) organizing local women's committees and strengthening the capacity of

women's organizations and networks to improve MCH and care for children during emergencies; (e) provide communities with information on disaster prevention, interaction with the environment and risk reduction; (f) the creation of a national information system on vulnerability and social risk during disasters; and (g) building municipal-level capacity for disaster prevention planning.

Subregional projects

15. Three subregional projects are proposed in the wake of hurricane Mitch. The first involves assessment, analysis and action (the "triple A" approach) with regard to child migrants and their families. The storm resulted in considerable migration within and among affected countries and to Costa Rica. In cooperation with the International Organization on Migration, UNICEF proposes to undertake a diagnosis of the extent and nature of migration patterns; an analysis of the current situation of child migrants and their families; and actions to protect the rights of child migrants, when necessary, to ensure their access to health care, education and other rights of which they may be deprived as migrants. The proposed budget is $1,500,000.

16. The second project, cholera prevention and control, has already been designed in conjunction with PAHO. It responds to the increased risk of the spread of epidemics, especially in areas with poor sanitation facilities, following hurricane Mitch. UNICEF and PAHO will collaborate in five basic areas: epidemiological surveillance; environmental sanitation; food handling; social communication/hygiene education; and coordination of strategies and approaches among affected countries. The main contribution of UNICEF will be in the areas of environmental sanitation and social communication/hygiene education, in collaboration with Governments, communities, and the media to help prevent an outbreak of cholera in the affected countries. The proposed budget is $2,500,000, which represents only the as yet unfunded UNICEF portion.

17. Finally, UNICEF proposes a project designed to promote cooperation and build capacity among Central American countries to reduce the social vulnerability to disasters. Working with other United Nations agencies, UNICEF seeks to encourage horizontal cooperation among government agencies and local communities in affected countries; identify and document best practices in disaster prevention and mitigation; promote the concept of children's right to live in a low-risk environment and develop methodologies to include children's rights in disaster prevention planning and programmes; promote systematic exchanges of information and experience; and establish a regional coordination mechanism to track the progress of national and regional efforts. These activities should result in improved planning, coordination, execution and management of disaster-related projects by both Governments and UNICEF. The proposed budget is $1 million covering the period July 1999–2001.

Coordination with partners

18. The projects outlined above were developed in close coordination with Governments and other United Nations agencies. Numerous post-hurricane Mitch government projects were developed in the spring of 1999 in preparation for the meeting of the Consultative Group on Central America, held in Stockholm in May 1999. During this time, UNICEF engaged in ongoing dialogues with Governments to identify aspects of their proposals that represent a logical extension of UNICEF country programmes and in which the agency has a clear comparative advantage.

Programme management

19. The programme will be implemented in a consistent manner with existing programmes of cooperation as well as with current emergency activities funded by the United Nations joint appeal. Each country office will be responsible for programme implementation in its particular country, and the subregional projects will be the joint responsibility of the participating countries and the regional office.

20. A subregional coordination mechanism will be set up in order to have one centralized instance that decides the distribution of the subregional funds, monitors their implementation and, at the same time, fosters the exchange of experiences and reduces duplication of efforts.

Estimated annual expenditure

(In thousands of United States dollars)

	1999	*2000*	*2001*	*Total*
Supplementary funds				
Honduras	1 000	5 000	3 000	9 000
Nicaragua	200	2 300	1 500	4 000
El Salvador	800	1 800	900	3 500
Guatemala	300	2 200	1 000	3 500
Subregional	800	3 000	1 200	5 000
Total	**3 100**	**14 300**	**7 600**	**25 000**

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For action

Recommendation for funding for a short-duration country programme**

Afghanistan

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Afghanistan with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $26,461,000 from general resources, subject to the availability of funds, and $18,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2002.

* E/ICEF/1999/15

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	10
U5MR (per 1,000 live births)	257
IMR (per 1,000 live births)	165
Underweight (% moderate and severe)	48
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female)	27/6
Primary school enrolment (% net, male/female) (1993)	42/15
Primary school children reaching grade 5 (%) (1989)	43
Access to safe water (%) (1994)	12
Routine EPI vaccines financed by Government (%) (1996)	0
GNP per capita (US$)	..[a]
One-year-olds fully immunized against:	
tuberculosis	56 per cent
diphtheria/pertussis/tetanus	37 per cent
measles	47 per cent
poliomyelitis	37 per cent
Pregnant women immunized against tetanus	3 per cent

[a] Estimated to be low income $785 or less

The situation of children and women

1. The complexity of the Afghanistan situation escapes easy assessment and analysis. For the last two decades, the children and women of Afghanistan have been subject to a volatile, violent political crisis, as well as a human rights and humanitarian emergency. As of May 1999, the Taliban control about 80 per cent of the geographical area of the country.

2. Underlying problems include a shattered economy, the destruction of social infrastructure and severe inadequacy of basic social services. Four outstanding problems affect children and women: (a) the least developed country status of Afghanistan; (b) the long-term trend of high levels of mortality for both young children and women; (c) the profound damage to the traditional coping mechanisms of families and communities; and (d) severe, institutionalized gender discrimination.

3. Infant mortality is estimated at about 165 per 1,000 live births; maternal mortality is estimated at about 1,700 per 100,000 live births, the second highest rate in the world; and under-five mortality is about 257 per 1,000 live births. Vaccine-preventable diseases account for about 21 per cent of child deaths, with diarrhoea and acute respiratory infections accounting for another 42 per cent. Since around 1980, about 20 per cent of all newborns were under weight. Chronic malnutrition affects almost 50 per cent of children. Fifteen per cent of children suffer from acute malnutrition, while poliomyelitis and cerebral palsy are major causes of disability.

4. An estimated 32 per cent of boys and 8 per cent of girls participate in primary education. Poor attendance and high drop-out and low completion rates are accompanied by Taliban restrictions on education for girls. Others at risk include street children, orphaned children, children living in institutions and children traumatized by war. A 1997 UNICEF study in Kabul found that 97 per cent of the children surveyed had witnessed some form of violence.

5. Overcoming deprivation among Afghanistan's children and women calls for a strategy that is based on human rights principles and engages communities in national recovery.

Programme cooperation, 1996–1999

6. The country programme has experienced mixed results in pursuit of its objectives due largely to the ongoing war. Cross-cutting communication activities to promote the rights of children and women included the translation, printing and distribution of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and *Child Care In Islam*, as well as support to the British Broadcasting Corporation/ Afghan Educational Drama series.

7. Despite severe constraints, there have been significant achievements in health and nutrition. There was a prominent gain for child survival through improved primary health care (PHC), health management structures, and national immunization and acceleration campaigns. The principal achievement was an increase in measles coverage from 14 per cent in 1994 to 47 per cent in 1997.

8. Another set of achievements included the rehabilitation of piped water systems, the installation of community hand-pump wells, the promotion of household sanitary latrines, the establishment of sanitation and hygiene centres, and the chlorination of dug wells. Two rounds of an oral rehydration therapy, sanitation and hygiene campaign have taken place since 1997. Taliban restrictions on women affect what has otherwise been encouraging capacity-building and community participation activities.

9. UNICEF suspended assistance to formal education in 1996 because of the Taliban's gender discrimination policy. Where discrimination is not applied, UNICEF supports primary education in Afghanistan, including non-formal education in Taliban areas and formal education in non-Taliban areas.

10. Selective assistance for children and women at high risk has generally proven effective, for example, for services for disabled children and women in the Eastern Region. The psychosocial trauma programme in Kabul has the potential for further development. However, the Taliban's ban on female employment limits its effectiveness.

11. Research, monitoring and evaluation activities have been valuable. They have included: a multiple indicator cluster survey (MICs); evaluations and reviews of the expanded programme on immunization (EPI), the cold chain, water and environmental sanitation (WES), and education; and studies on children in conflict and working children.

Lessons learned

12. In general, the strategies for each programme intervention were appropriate, although they were hampered by the conflict situation. Areas in need of strengthening include increasing female staff to reach more women and expanding partnerships using complementary strengths to overcome obstacles.

13. The delivery of basic social services in a changing environment has a better chance of success when the main strategy is accompanied by complementary approaches. Alternative strategies are required to respond to restrictions in the formal service delivery system, as is the case in education.

14. The role that UNICEF plays in Afghanistan is greater than the country programme of cooperation itself. UNICEF needs to continue to play a key role in promoting children's rights and gender issues in the Strategic Framework process as well as in the country programme. The structure and strategy of the current programme do not afford sufficient attention to the promotion of children's and women's rights. The dimension of rights promotion in the new programme will help to make the country programme strategy more effective overall.

Recommended programme cooperation, 2000–2002

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*Total*
General resources				
Survival	4 355	4 238	4 167	12 760
Development	1 251	1 385	1 387	4 023
Protection and promotion	985	1 093	1 062	3 140
Cross-sectoral costs	2 054	2 180	2 304	6 538
Subtotal	**8 645**	**8 896**	**8 920**	**26 461**
Supplementary funding				
Survival	5 100	4 880	4 880	14 860
Development	800	1 020	1 020	2 840
Protection and promotion	100	100	100	300
Subtotal	**6 000**	**6 000**	**6 000**	**18 000**
Total	**14 645**	**14 896**	**14 920**	**44 461**

Programme preparation process

15. The preparation of the Afghanistan country programme has been guided by the principles of the United Nations Strategic Framework for Afghanistan. Assistance is provided as part of an overall effort to achieve peace. Assistance will be provided when it can be reasonably determined that no direct political or military advantage will accrue to the warring parties in Afghanistan. The new country programme has also been developed based on the country context, taking into account the priorities of the global medium-term plan for the period 1998–2001 (E/ICEF/1998/13 and Corr.1), and on experiences and lessons learned from the current country programme. The long-term goal of UNICEF cooperation in Afghanistan is to ensure the fulfilment of children's and women's rights through the strategies outlined below. During the country programme preparation process, UNICEF has undertaken significant consultation with other United Nations agencies, donors and non-governmental organizations (NGOs).

Programme objectives and strategies

16. The present country programme recommendation proposes a three-year programme, one year less in duration than the current country programme cycle. The continuing situation of armed conflict, the Taliban edicts restricting the right of girls to education and restrictions on the rights of women, and the paucity of national economic and social development planning and investment in basic social services led to the decision to recommend a short-duration programme.

17. Three interwoven programme objectives for UNICEF cooperation provide an appropriate, in-depth focus, and will serve as directional beacons in a country situation of uncertainty and turbulence. The first objective is to persuade national and local authorities to honour the provisions of the two Conventions related to children and women; the second is to apply improved policies to increase access to basic social services so as to generate measurable results during the three-year period; and the third is to apply in all UNICEF-assisted activities effective practices for the empowerment of families and communities to help them recover key traditional coping mechanisms and learn new,

appropriate means to ensure child survival, protection and development.

18. There is a flexible mix and balance of strategies, a virtual prerequisite in the current volatile country situation. A premium will be placed on programming initiative, creativity and flexibility, coupled with good judgements regarding programming opportunities and constraints. A combination of strategies will be employed as relevant, including: (a) convergence and geographical focus; (b) various forms and patterns of community participation and partnerships involving NGOs, government organizations, donors and others; (c) experimentation with new ways to bring gender equality into programme activities; and (d) an appropriate and measured mix of responses, as needed, to catastrophes and natural disasters.

19. There will be three programme clusters instead of the current five: (a) survival; (b) development; and (c) protection and promotion. A cross-sectoral programme will support the three clusters. While the areas of intervention remain oriented to meeting the needs of the children and women of Afghanistan, the titles and objectives of the programmes better reflect an intersectoral, more holistic focus on children's and women's rights. Research, monitoring and evaluation are built into each programme and made coherent through an integrated monitoring and evaluation plan (IMEP).

20. General resources comprise 60 per cent of the total planned financing and cover all proposed areas of activity. Supplementary funding will enable the expansion of geographic and population coverage; more in-depth development of programme services; and strengthened advocacy, research, evaluation and monitoring.

Survival

21. This programme, which is allocated the major share of programme funds, will reach at least 30 per cent of the families living in 10 of Afghanistan's 30 provinces with the knowledge and skills needed to help ensure that the survival rights of children are fulfilled. It will also increase access to basic health and nutrition, as well as water and sanitation services, to at least 50 per cent of the target population, up from the current level of 35 per cent. In addition, it will intensify policy dialogue with national authorities and international partners on a cohesive national PHC policy, as well as on nutrition and water and sanitation. Technical strategies include: (a) partnerships with the Ministry of Public Health, the World Health Organization and NGOs to ensure that UNICEF cooperation is provided in a complementary and coherent manner with partners; and (b) projects on maternal and child health and the prevention of WES-related diseases. Operational strategies will include the use of a PHC approach currently being developed in Laghman Province; nutritional promotion as an integral part of community-based interventions; expanding EPI coverage to 330 districts nationwide from its current base in 280 districts; collaboration with regional management teams; and support to provincial management teams comprised of the Ministry of Public Health and Rural Reconstruction Development. An innovative feature in monitoring and evaluation will be the use of MICS and community surveillance to assess progress towards increasing community support for health services.

Development

22. In this programme, the scope for effective implementation will be related to the progress achieved in consultations with the Taliban regarding the right to primary education, especially the education of girls. The programme will support efforts to convince national authorities to honour the right of all children to basic education and undertake more effective advocacy with international partners so that the goals of Education for All begin to be reflected in national policy and service standards. The main feature of the strategy is to focus on reaching large numbers of children through formal primary education if the authorities undertake to provide equal access to education for girls. A complementary strategy, as in the present country programme, is to continue to collaborate principally with alternative primary education delivery channels, provided that they are non-discriminatory against girls. An associated strategy is to extend non-formal basic education to women and youth, with a focus on parental education and skills training, as well as on early childhood care and development. Key partners will include selected national NGOs, as well as the Swedish Committee for Afghanistan, CARE International and Save the Children Alliance. Monitoring and evaluation will draw on the 1998 study on *Education for Afghans* as a baseline. Programme impact will be measured in terms of student learning, as reflected by standardized assessment tests.

Protection and promotion

23. This programme is interlinked with the survival and development programmes. It will address advocacy with national authorities, civil society and the humanitarian

assistance community on the rights of children and women. As the promotion element in this programme presents a new and more explicit focus on children and women at high risk, the strategies need to be responsive and agile. The mix of strategies includes: (a) improved service delivery to the most affected groups of children and women, including traumatized and disabled children, and widows; (b) strengthening linkages between policy advocacy and positive features of Afghan social values, e.g. family dignity; and (c) the integration of human rights promotion into programme activities. A core team of Afghan and international trainers will be established. Post-training support will include a quarterly journal and a continuous process to improve child rights indicators for their use in community education and survey work.

Monitoring and evaluation

24. The IMEP will guide work in this area, which will include monitoring the following: the situation of children and women using rights-based indicators, with gender equality as a prominent component; implementation of UNICEF-assisted programme activities, with particular attention to effectiveness in terms of inputs, outputs and impact; and results of UNICEF and United Nations advocacy on Taliban policy and edicts so that advocacy efforts on children's and women's rights are better gauged in terms of effectiveness. In addition to annual reviews, evaluation work will begin in the second year on strategic issues. A final country programme assessment will be undertaken near the conclusion of the cycle.

Collaboration with partners

25. Priority will be placed on enhancing collaboration with United Nations agencies, donors and NGOs. In doing so, UNICEF will be promoting programme sustainability and self-reliance through capacity-building with sectoral departments and at the subnational level with all partners. The nature of collaboration will vary among programmes and partners. An expected result of collaboration is that the rights and concerns of Afghan children and women will have a prominent place in the international media and on the international agenda.

Fund-raising strategy

26. The proposed level of supplementary funding is $18 million. As long as armed conflict continues, emergency funding will be the main source of supplementary funding. In the event that peace returns, regular supplementary funding sources will be required to meet programme funding needs. The annual United Nations Consolidated Appeal for Afghanistan represents the formal fund-raising framework that attracts funds for UNICEF as well. Such a flexible approach is required in the Afghan context. Funds received by UNICEF through the Appeal will be within the supplementary funding ceiling. There will be close cooperation with donors and National Committees for UNICEF in fund-raising, including the development of fund-raising information materials.

Programme management

27. The country programme management plan includes provisions for the training of UNICEF staff on rights and gender equality. It will support programming flexibility and responsiveness, as required by the fluid Afghan situation. There will be increased delegation of authority and accountability to field offices for support to programme delivery. A major challenge will be to maintain and further improve high-quality, well-targeted advocacy for children's and women's rights.

28. The UNICEF country office will be based in Islamabad, unless and until the situation changes and all United Nations offices relocate to Kabul. There will be four field offices inside the country. These represent a consolidation and strengthening of field support vis-à-vis the current programme, which has operated five smaller offices according to geographical regions. The locations of these offices will be determined at a later stage based on political and security developments in Afghanistan. The country office in Islamabad will provide management, policy development, policy guidance and oversight. The programme will be supported by the communication/information, monitoring and evaluation, supply, operations and information technology functions.

TABLE

COUNTRY : AFGHANISTAN
PROGRAMME : 2005-2002

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/									STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/ASG	P5/6	P3/4	P1/2	NOLL	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES																
SURVIVAL PROGRAMME	12,760,000			12,760,000	0	1	5	2	0	0	1	7	8	25	196,243	318,792	514,335
DEVELOPMENT PROGRAMME	4,023,000			4,023,000	0	1	2	1	0	0	1	4	3	12	196,243	139,719	335,963
PROTECTION/PROMOTION PROGRAMME	3,140,000			3,140,000	0	0	0	0	0	0	0	1	1	4	196,243	40,770	237,013
CROSS SECTORAL PROGRAMME	6,538,000			6,538,000	0	0	1	4	1	0	0	3	18	42	2,338,215	961,162	3,299,377
TOTAL GR	26,461,000			26,461,000	0	2	8	7	1	0	10	15	30	66	3,586,944	1,760,740	5,346,684
SUPPLEMENTARY FUNDING																
SURVIVAL PROGRAMME		0	14,460,000	14,460,000	0	0	1	0	1	0	1	3	3	11	358,454	390,579	749,033
DEVELOPMENT PROGRAMME		0	2,840,000	2,840,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROTECTION/PROMOTION PROGRAMME		0	700,000	700,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	18,000,000	18,000,000	0	0	1	0	1	0	1	3	3	11	358,454	390,579	749,033
TOTAL GR & SF	26,461,000	0	18,000,000	44,461,000	0	2	9	7	2	0	11	20	42	73	3,945,398	2,151,319	6,095,717
SUPPORT BUDGET			Operation costs	1,149,400												
			Staffing		0	1	1	2	0	0	1	4	9	18	1,326,558	837,739	2,164,297
GRAND TOTAL (GR + SF + SB)					0	3	1	9	2	0	14	23	51	91	5,271,956	2,988,058	8,260,014
	Number of posts and staff costs															
	Current programme cycle										14	19	52	85		
	At the end of proposed programme cycle (indicative only)										14	23	51	88	5,271,956	2,988,058	8,260,014

GR = general resources
SF = supplementary funding
FSF = funded supplementary funding
NSF = non supplementary funding
IP = international Professional
NP = national Professional
GS = General Service
SB = support budget

a/ Each proj. represents of its funding source, supports the country programme as a whole
b/ Includes temporary assistance and overtime

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For action

Recommendation for funding for a short-duration multi-country programme**

Multi-country programme for Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for a multi-country programme for Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States. It covers Belarus, Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, the Russian Federation, Slovakia and Ukraine. Croatia will be included from year 2001 on completion of its current country programme. The Executive Director *recommends* that the Executive Board approve the amount of $7,000,000 from general resources, subject to the availability of funds, and $6,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2001.

* E/ICEF/1999/15

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Introduction

1. The present programme recommendation outlines UNICEF support for the rights and specific priority needs of children and women, in the context of the medium-term plan for the period 1998–2001 (E/ICEF/1998/13 and Corr.1), in these 12 countries. It is based on ongoing country-level analyses of the status of children and women; consultations with national partners, United Nations and bilateral agencies, and the World Bank; national and international non-governmental organizations (NGOs); and on-the-ground experience. It also utilizes analysis of social conditions and trends from the recent reports on Monitoring of Eastern Europe (MONEE) and on the database of the International Child Development Centre (ICDC) in Florence, Italy, which depends on information coming from the countries themselves. Other United Nations reports, such as the Concluding Recommendations of the Committee on the Rights of the Child and the *Human Development Report* of the United Nations Development Programme (UNDP) were also utilized.

2. Children and women in these countries continue to be adversely affected by the economic and political transitional processes of the early 1990s, although the magnitude and impact on children varies greatly among the countries. Many of the common problems affecting children arise from shared policies prior to the transition. For example, State policy provided institutional public care for orphans, children with disabilities and children in families unable to provide for their care. An estimated 500,000 children still languish in such centres, denied a family life. Government benefits covering education, health care and an extensive network of social assistance providing a basic standard of living for most citizens have been dramatically reduced. This has resulted in growing disparity and significant numbers of the population in poverty or in at-risk situations. While many of the goals set forth at the World Summit for Children, such as reducing under-five mortality, have been achieved and show continued improvement, addressing rights of children and young people who face poverty and exclusion are among the new challenges facing Governments and civil society.

3. Therefore, a common programme framework based on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, both of which have been ratified by all the countries, has been developed for the 12 countries which includes: (a) early childhood care and development (ECCD); (b) children in need of special protection; (c) young people's health and development; and (d) social mobilization for child rights. Programme strategies emphasize advocacy and capacity-development for policy reforms, and for civil society, local government and young people's participation towards the realization of goals for children. During the course of the 2000–2001 biennium, UNICEF will initiate a consultative process with partners that takes into account the Executive Board decision regarding the allocation of general resources to countries that have reached the gross national product per capita and under-five mortality rate threshold with the objective of mobilizing additional local resources to meet the needs of children and phasing down of UNICEF direct investments.

4. Specific differences are found, however, among the 12 countries which is reflected by variations in implementation processes and activities. In Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland and Slovakia, with a combined population of around 87 million, the vision for the future includes close linkages with European institutions and, in a number of cases, with aspirations of joining the European Union. A vast array of civil society organizations have begun to address many of the social needs, complementing government initiatives. A flexible programming framework, targeting priority concerns affecting children both in the individual countries and especially in country clusters, has emerged as an effective operational approach. For example, theme-related multi-country activities included the development of a database of children in public care, the introduction of the Convention on the Rights of the Child in schools, and a multi-country study on children living in border areas which also considers cross-border trafficking of children. In eight of the countries, National Committees for UNICEF continue to support UNICEF global efforts as well as provide strategic advocacy for children's and women's rights in their countries.

5. Belarus, the Russian Federation and Ukraine have an estimated population of 207 million. Many of the positive gains made during the initial years of transition have been deleteriously affected by economic setbacks, most recently in August 1998. Civil society organizations have not yet emerged as strong partners to support the State in providing the level and types of services of the previous era. The planning and implementation of programmes and services based on principles of individual human rights are likewise slowly emerging. New models of social services, which are accepted as appropriate to the country and local situation, need to be adapted and evaluated before they can be replicated. UNICEF cooperation has responded to a common set of approaches, such as partnerships with local government for addressing the needs of at-risk young people, and community-based alternatives for the institutional care

of children. The establishment of three field offices, with a small core staff, supports the planning and implementation of initiatives towards longer-term policy reforms required to more comprehensively address children's rights.

The situation of children and women

6. Economic production in the majority of these countries continues to be below 1989 levels, resulting in poverty rates that affect a significant number of households. While the Russian Federation showed signs of recovery in 1997, this was severely affected by the 1998 financial crisis, which also had a serious impact in Belarus and Ukraine, and in varying degrees, in several of the other countries. In the Russian Federation, based on a 1999 report of the State Statistical Committee, 27 per cent of the population were living below the minimum subsistence level in 1998, increasing to 37 per cent, or 55.2 million persons, in 1999. In Latvia, a 1998 study indicated that 67 per cent of households lived below the established crises subsistence minimum level of income. Among those hardest hit in these countries are families with more than one child, young people, pensioners and, in many of the countries, *Roma* (gypsy) and other minority populations. Coping mechanisms of families vary and may include the delay of health and dental visits; reduced expenditures on food, clothing and other necessities; increased use of savings and sale of assets; and greater dependence on limited state assistance.

7. In spite of strains on health-care delivery, infant, child and maternal mortality rates are generally low and continue to decline. Immunization coverage is over 90 per cent. No polio cases have been reported in recent years. The prevalence of iodine deficiency disorders (IDD) varies from moderate severity in parts of Belarus, the Russian Federation and Ukraine to virtual elimination in Bulgaria, the Czech Republic, Poland and Slovakia, subject to evaluation. In the other countries, prospects for the elimination of IDD are good. There is an overall decline in fertility levels. Exclusive breastfeeding rates have increased somewhat in recent years, particularly associated with the introduction of the Baby-Friendly Hospital Initiative (BFHI), although it is still not considered common practice. Formal pre-school services benefit only around 50 per cent of young children, with large numbers of the most vulnerable communities and households underserved.

8. Although the Chernobyl nuclear accident has long since faded from world attention, it still affects the lives of families and over 3 million children in parts of Belarus, the Russian Federation and Ukraine. There is extensive data which points to a steady increase in the incidence of thyroid cancer among children and growing evidence of other related illnesses, including leukemia and other blood disorders, immune system disorders and congenital development abnormalities in exposed families. Significant psychological health disorders are likewise reported. While many agencies have been involved in efforts to rehabilitate the area, little has been done to focus on the strengthening of maternal and child health (MCH) services in the affected communities.

9. In 1997, over 500,000 children resided in public care institutions, a steady rise during recent years in several of the countries. This included "social orphans", who are generally children of impoverished families and those with disabilities. The living conditions in many of these institutions are extreme in their lack of a family environment, personal care and attention. Few efforts are made to prepare older children for the transition from life in an institution to an open society. A 1996 study by the Office of the General Prosecutor in the Russian Federation found that one in three graduates from institutions becomes homeless, one in five ends up with a criminal record and one in 10 ends up committing suicide. For children with disabilities remaining with families, access to qualified health and rehabilitative care, specialized education and community life are limited. Foster care programmes, mainstreaming of children with disabilities and other community-based efforts have been introduced in the countries on a small scale, but require strengthening and popularization, complemented by improved preventive services.

10. While basic education school net enrolments are generally high at over 90 per cent, attendance rates are reported to be far lower. Around 4.5 million young people aged 15–18 years are not attending school or the higher education programmes available. Unemployment among young people is high, generally double national averages. Substance abuse, including intravenous drug use; sexually transmitted diseases (STDs) and HIV/AIDS, and teenage pregnancy are on the rise in most of the countries. Accidents, injuries and violence affect twice the number of children and young people as compared to neighbouring European Union countries. The trafficking of children and women, children in conflict with the law including crimes against children such as domestic violence and prostitution, and children living on the streets of larger cities are on the increase. In most of the countries, national legislation and services based on the principles of the Convention on the Rights of the Child in the area of juvenile justice have not yet been

reviewed and revised nor have the related professionals been trained to better handle juvenile cases.

11. Each country has some minority populations which are especially vulnerable to the difficulties of transition. For example, the poor socio-economic status of the *Roma* population, estimated at over 2 million, has been noted with concern in the Concluding Remarks of the Committee on the Rights of the Child for Bulgaria, the Czech Republic, Hungary and Poland. The communities are characterized by low basic education completion rates and secondary school enrolment, low literacy, high unemployment, extreme poverty and poor living standards. A disproportionate number of children are in public care. While protective legislation and a range of special efforts, such as minority self-government and scholarships for children, are in place in some of the countries, these are not fully adequate to redress long-standing societal imbalances. A number of *Roma* organizations have emerged, pressing for improved respect of human rights.

12. The economic and social changes in the society have made life particularly difficult for women. Since 1989, women have lost millions of jobs in the formal sector. In more recent years, this trend continues, while access to unemployment compensation remains poor or is even shrinking. Work in the informal economy has greatly increased, adding further burdens on women and often involving unhealthy work conditions and no access to social security benefits or child-care services. The MONEE database shows that enrolment rates in nurseries (for children up to the age of 2 years) have fallen across the region — most rapidly in the countries of the Baltic region and western Commonwealth of Independent States (CIS) — and nurseries have practically ceased to exist in the Czech Republic and Slovakia. Meanwhile, falling fertility rates have reduced populations of young children by 10–50 per cent in the region. In many countries, fertility is now at extremely low levels in absolute terms, and if this trend continues, it will have significant social, demographic and economic repercussions. Because of rising divorce rates, increased adult male mortality and more children born out of wedlock, the share of children living in single-parent households has increased. While current data are limited, anaemia among women, as well as the continued use of abortion as a family planning method, are considered to be serious health concerns in several of the countries. As noted earlier, the two Conventions have been ratified by all countries, with different degrees of action to review and adjust national legislation and practice in line with their provisions.

Programme cooperation, 1998–1999

13. Previous UNICEF cooperation included both country-specific and cross-country interventions. For example, UNICEF provided vaccine requirements and supported the strengthening of MCH services in three districts in Bulgaria. Assistance to mayors for the development of over 60 city plans for children in Poland was provided. In each country, specific activities were under way to expand BFHI, with a total of around 100 hospitals currently certified in 11 of the countries.

14. However, the majority of activities addressed issues common to clusters of countries. In the Baltic States, initial efforts were supported to revise legislation on juvenile justice. Workshops in Geneva, Riga and Sofia on the Convention on the Rights of the Child provided positive experience exchange among the 11 participating countries. This led to specific actions, such as the inclusion of the Convention in school curricula in the Baltic States and Poland and establishment of ombudsmen offices for child rights in five regions of the Russian Federation. A multi-country database on institutional child care and best practices in support of policy reforms involved Bulgaria, Hungary, Lithuania, Poland and Slovakia. The training of journalists in Bulgaria and Slovakia, the production of a media kit, and film co-productions with media of Bulgaria, the Czech Republic, Latvia and Lithuania on child rights stimulated national media interest on the rights of children.

15. The collection, analysis and use of data for improved national planning included situation analysis reports for the Czech Republic, Hungary, Latvia, Lithuania and Slovakia; a regional study on accidents and injuries; and a study of out-of-school youth conducted in the Baltic States and Bulgaria. UNICEF supported the publication of two MONEE reports: one on the theme of education provided new and useful information for planners; and the second, which features the status of women, is scheduled for release in September 1999. The experience of country programming in Belarus, the Russian Federation and Ukraine and UNICEF-supported studies in Lithuania and Poland forms the basis of a multi-country inter-agency initiative on young people's health and HIV/AIDS with the World Health Organization (WHO) and the Joint and co-sponsored United Nations Programme on HIV/AIDS (UNAIDS). Joint missions have been completed in Bulgaria, Estonia, Latvia and Slovakia, with the Czech Republic and Hungary to be visited later in 1999. This joint endeavour will contribute to national strategy development for the protection of adolescents and will identify agency-specific priorities and country-level partnerships for follow-up action. Assessments

of national efforts in the region on BFHI and the control of IDD resulted in further programmatic actions.

16. Since the establishment of a UNICEF presence in Belarus, the Russian Federation and Ukraine in early 1997, cooperation has focused on selected geographic locations and on selected priority issues affecting children and women in order to gain experience for potential replication. Efforts in young people's health and development have centred on developing mechanisms for bringing youth, local officials and communities together to identify, discuss and develop responses to the serious priority concerns of young people such as HIV/AIDS in Kaliningrad (the Russian Federation) and Kyiv (formerly Kiev) (Ukraine). In Minsk (Belarus), local authorities have established young people's clubs where young people have access to peer counsellors and information. In Belarus, the Russian Federation and Ukraine, collaboration relating to children in need of special protection has stressed laying a foundation for action through information-gathering, raising awareness on the situation of at-risk groups and building a strategic consensus with counterparts on appropriate programmatic approaches. A study on the situation of children living in State centres for the disabled in the Russian Federation provides key strategic approaches for community rehabilitation and mainstreaming of children in regular schools.

17. The ECCD programme had two areas of focus: the first was the elimination of IDD, which was supported through the provision of equipment for iodization for all salt producers in the three countries towards the goal of universal salt iodization (USI); and the second was the promotion of exclusive breastfeeding. Beginning in 1996 with BFHI, currently eight hospitals are certified in the Russian Federation and four in Belarus. Initial reports from the Volgograd region and the city of Elektrostal have shown over 35 per cent increases in breastfeeding rates for infants up to three months old since the introduction of BFHI and improvements in the health of the newborn. Key areas of emphasis within the context of the promotion of children's rights have included reviews of legislation dealing with child protection and the establishment of child rights ombudsmen in five regions of the Russian Federation, with technical support provided by UNICEF.

18. In Belarus, the Russian Federation and Ukraine, UNICEF established strong cooperation with UNDP, which has offices in the three countries, and other United Nations agencies. This included cooperation with UNDP on the provision of preventive social support for at-risk children in St. Petersburg; with the Office of the United Nations High Commissioner for Refugees (UNHCR) on assistance for children and women in North Caucasus; with the United Nations Population Fund (UNFPA), UNAIDS and the World Bank on projects related to young people's health; and the United Nations Educational, Scientific and Cultural Organization (UNESCO) on the evaluation of Education for All Year 2000. Ongoing contacts with local and international NGOs were undertaken as part of programme planning. In the nine countries, UNICEF worked in partnership with national statistics agencies, government departments, specialized institutes, National Committees and NGOs. UNICEF also cooperated closely with WHO/UNAIDS, particularly in the area of young people's health and development. UNDP, which has offices in Bulgaria, Estonia, Latvia, Lithuania and Poland, advised on local partners and provided expertise for project formulation and implementation.

Lessons learned

19. The Convention on the Rights of the Child provides a strong programme and advocacy framework for national cooperation in the 12 countries. Among the nine countries, the Convention provided an enabling environment for intercountry action on child-trafficking and children in public care, and this will be extended to other areas of common concern such as HIV/AIDS, justice and rights of minorities. Capacity-building initiatives through exchange of experience, technical support, and data collection and analysis as reflected in the MONEE report series, have demonstrated practical and effective measures to enhance national planning for children. The National Committees facilitated UNICEF collaboration in many of the countries. For programme implementation, additional partnerships need to be pursued with a wide range of national partners, United Nations agencies, and especially programmes associated with the European Union to which several of these countries seek admission. Ensuring a national sustainable mechanism in Government as well as in the dynamic civil society for children's and women's rights remains a priority. Flexibility in programme cooperation based on the needs and opportunities in each country will continue to be required to sustain the high achievements related to the global goals for children and to ensure that the specific needs of vulnerable and at-risk groups are increasingly addressed.

20. In Belarus, the Russian Federation and Ukraine, the lessons learned from the initial programme experience include the need to: (a) systematically evaluate the impact of project activities to facilitate the replication of project experience and its use as part of advocacy for policy change; (b) develop explicit strategies for ensuring the sustainability

of programme activities; (c) find an appropriate strategic balance between practical work on the ground, on the one hand, and broader advocacy/social mobilization efforts, on the other; and (d) strengthen existing national capacity to promote children's rights. The establishment of a country presence in Belarus, the Russian Federation and Ukraine, under the Regional Office leadership and programmatic and operational guidance of the Special Representative, facilitated programme planning and monitoring, and provided the necessary on-the-spot support for the implementation of innovative demonstration projects.

Programme preparation process

21. The programme preparation process was undertaken through consultations with national counterparts collaborating with UNICEF in Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland and Slovakia. It culminated in a detailed briefing by the Regional Office on the programme framework with representatives of the Permanent Missions to the United Nations of these countries. In the case of Belarus, the Russian Federation and Ukraine, two strategy planning meetings provided the opportunity to reach consensus on foundations for the proposed 2000–2001 programme. Three Cooperation Frameworks, one for each country, were prepared and submitted to the Ministry of Labour and Social Protection in Moscow, the Ministry of Family and Youth in Kyiv and the Ministries of Foreign Affairs, Education, Health and Social Protection in Minsk. The respective Governments responded positively, confirming that UNICEF cooperation was in line with their priorities. The documentation was shared with NGOs, United Nations agencies and other partners in each country.

Programme objectives and strategies

22. Within the framework of the guiding tenets of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against

Recommended programme cooperation, 2000–2001

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*Total*
General resources			
Early childhood care and development	730	730	1 460
Children in need of special protection	610	610	1 220
Young people's health and development	1 100	1 100	2 200
Social mobilization for child rights	860	860	1 720
Cross-sectoral costs	200	200	400
Subtotal	**3 500**	**3 500**	**7 000**
Supplementary funding			
Early childhood care and development	700	700	1 400
Children in need of special protection	1 100	1 100	2 200
Young people's health and development	1 200	1 200	2 400
Subtotal	**3 000**	**3 000**	**6 000**
Total	**6 500**	**6 500**	**13 000**

Women and, in view of the prevailing situation of women and children and the common programme framework, UNICEF will continue to concentrate its efforts on capacity-building and advocacy through experience exchange, research and action research in priority areas, sharing of best practices, networking, training and mobilization of civil society. Local governance systems will be strengthened to more effectively address priority issues for children's rights and to provide opportunities for the participation of young people and civil society organizations. Advocacy will continue to be a strong programme component for raising awareness of the two Conventions, including enhanced monitoring systems. Building new partnerships and alliances for children, while strengthening those already working effectively for children's rights and fostering coordinated action for children among government, academia, NGOs, media, other donors and United Nations agencies, will receive priority attention. A gender-specific approach will be fostered in all programme activities. In addition, advocacy activities will draw attention to the need for legislative reform that would ultimately result in the prioritization of human and financial resources in favour of those most at risk. Contingency planning and support for emergencies that may arise during the programme cycle will be incorporated within the programme framework.

23. The multi-country programme of cooperation aims to strengthen national policies, programmes and monitoring systems within the framework of both the Convention on the Rights of the Child and the common programme framework for the 12 countries. The programme will lead to: (a) increased public understanding and participation, including that of children and young people, in the implementation and monitoring of the Convention; (b) improved caring practices for children and mothers through government and NGO support services; (c) young people who are better informed about healthy lifestyles and HIV/AIDS prevention; (d) accelerated efforts to prevent children entering public care and the juvenile justice system, reduce the period of stay and, where needed, improve the quality of care; (e) the prevention of crimes against children, including child exploitation, abuse and prostitution; trafficking of children and women; domestic violence and abuse; and enhanced protection for such affected children; and (f) increased participation by families of minority and other at-risk groups (e.g. communities affected by Chernobyl) in basic services and programmes for children and women.

Early childhood care and development

24. The specific needs of young children will be addressed through a range of cross-cutting activities. Advocacy for legislation and maternal health care systems that promote breastfeeding, including BFHI, will centre on consolidating training programmes for health-care practitioners, strengthening National Breast-Feeding Committees (NBFCs) and other local groups, and advocating for supportive legislation on the International Code on Marketing of Breast Milk Substitutes. Promotion of the Better Parenting Initiative (BPI) will be supported through mass media and selective training of caregivers aiming to enhance capacities of at-risk families in selected areas. This will be complemented by efforts to review and advocate for critical early childhood development services for *Roma* children.

25. UNICEF will provide technical and financial support in enhancing national capacities to eliminate IDD and ensure basic child health care based on country-specific needs. In Belarus, the Russian Federation and Ukraine in particular, UNICEF will provide short-term support for major salt manufacturers to ensure the production of iodized salt in sufficient supply and quality. Consolidating monitoring systems, creating public demand for iodized salt and advocating for legislation on USI will also be stressed and applied to other countries as needed. To reduce iron deficiency anaemia among women, and based on assessments of its extent, control activities in the areas of education, iron supplementation, and fortification of food products will be explored.

26. In areas affected by Chernobyl in Belarus, the Russian Federation and Ukraine, UNICEF will support primary health care (PHC) models aimed at improving the quality of MCH care. Training designed to encourage the adoption of the Integrated Management of Childhood Illness (IMCI) strategy, together with "women-friendly" maternal and reproductive health care and BFHI, will be provided to health-care practitioners. Integral to both the PHC and IMCI strategies, communities will be mobilized through local authorities and NGOs to participate in planning and management of services based on an assessment of local needs and resources. In addition, opportunities to promote BPI through the provision of information to community associations and NGOs will be pursued aiming at a multisectoral approach to enhance the health and well-being of children, young people and women.

Children in need of special protection

27. The programme will advocate for national policies and services that will, firstly, prevent situations that result in children being at-risk and, secondly, protect children already in such situations. This will include socially vulnerable groups such as children in public care and those at risk of entering public care; children with disabilities; *Roma* and other minority children unable to benefit fully from many basic services; children in conflict with the law; and children affected by crime and abuse, including child-trafficking, prostitution and domestic violence. Country-specific and intercountry initiatives will include data collection, analysis and policy dialogues; legislative review; training; partnerships with media; and exchanges of experience, documentation and the dissemination of best practices. Demonstration activities that provide new approaches to national situations will be supported selectively as a means of assisting policy reforms. In Belarus, the Russian Federation and Ukraine, UNICEF collaboration will include technical and financial support for the promotion of foster care approaches and community care and rehabilitation for children with disabilities; model juvenile courts and alternative sentencing schemes for children in conflict with the law; and community outreach activities for street children which will be developed and tested by local partners, with the results reviewed with Government for wider policy consideration.

Young people's health and development

28. The programme will support advocacy for national and local policies and programmes that will respond more comprehensively to the specific needs of adolescent boys and girls, with their active participation. It will also support the promotion of healthy lifestyles and protection against HIV/AIDS, STDs and substance abuse through data collection and analysis; partnerships with media, local governments, schools and youth organizations; the development of approaches for youth-friendly services and safe spaces; and the training of service providers and youth leadership for peer group interaction. A gender-focused approach will be fostered. Special measures will be developed to target and reach at-risk groups such as young people without family support; those leaving public care institutions; and youth in detention, on the street and in families affected by poverty or minority status. In Belarus, the Russian Federation and Ukraine, national resource centres and youth coordination councils will also be supported. Joint collaboration with WHO, UNFPA and UNAIDS, as well as with other United Nations agencies, United Nations theme groups, NGOs and local governments, is considered an integral element of the programme.

Social mobilization for child rights

29. UNICEF will provide financial and technical support for a range of activities aimed at ensuring that child rights are at the fore of public and political agendas. Advocacy activities will include workshops, conferences and other forms of experience exchange towards social sector policy development and legislative reform; strengthening of national and local government mechanisms and civil society organizations for monitoring implementation of the Convention on the Rights of the Child, such as the establishment of independent ombudsmen offices as high-level protectors and promoters of children's rights and interests; and resource mobilization for children and young people through Government, the public and private sector, and other donor agencies. National and regional partnerships for children will be actively pursued utilizing celebrities, elected representatives such as mayors, and other prominent personalities through public events and the extensive network of national media. Two MONEE reports will be published and widely disseminated. The first report will feature the situation of young people; and the second will contain a decade overview of trends affecting women and children, combined with a vision for the future. In addition, situation analyses will either be prepared or updated when necessary using the framework of both Conventions.

30. Information materials linked to training for strategic groups such as journalists, television production teams, teachers, other caregivers, and NGOs, among others, on the practical elements of the two Conventions, will be further developed to enhance public awareness and stimulate local action, including that of local governments. Communication materials on specific programme themes such as healthy lifestyles, children with disabilities, better parenting and social equity for minority children will be developed or adapted to local situations and in local languages to support governmental and civil society efforts. Opportunities to encourage the participation of young people and minority groups in planning and implementing activities that address their needs through local government and civil society organizations will be advocated and supported.

Monitoring and evaluation

31. Systematic monitoring of programme implementation by the Regional Office and, in the case of Belarus, the Russian Federation and Ukraine, by the Office of the Special Representative in Moscow through periodic and annual reviews with programme partners will be undertaken. The reviews will be based on both qualitative and quantitative indicators for the global monitoring of children's rights. Partnership with ICDC and its extensive database of child indicators, as well as information specific to the programme such as the numbers of children in public care and in alternative care arrangements, will also provide quantitative data for programme review. Among other indicators to be considered are specific studies on changes in knowledge, attitudes and practices of young people about HIV/AIDS prevention and other healthy lifestyles information and children's perceptions of public care and the alternatives to be developed. Specific methods will need to be developed to monitor the programme and its impact with reference to children of minority groups. In the nine countries, programme evaluations will be conducted in the areas of children in public care and in the overall advocacy and communications strategy to assess impact and guide future activities. In Belarus, the Russian Federation and Ukraine, evaluations will be undertaken on the programme of young people's health and development and projects related to children with disabilities.

Programme management

32. Programme planning, implementation and reporting will remain primarily with the Regional Office for Central and Eastern Europe, CIS and the Baltic States and identified programme partners who are responsible for implementation. This will be facilitated by programme and technical staff at the Regional Office, which is incorporated as part of cross-sectoral costs. UNICEF will continue to work in cooperation with the registered National Committees for UNICEF, complementing efforts in advocacy and public information. UNICEF will liaise with the United Nations agencies represented in each country; and collaborate with UNAIDS, the World Bank and other bilateral donors, international and local NGOs, and academic institutions. To achieve increased cost-efficiency in its operations, the UNICEF Regional Office will continue to share common premises and services, including personnel, administration, information and communication, finance, emergency management and operations with the UNICEF Office for Europe.

33. The past two-year experience of offices in Kyiv, Minsk and Moscow showed that Regional Office support in programme design, human resources management, supply, programme and integrated budget controls is crucial to sound operations and for reducing staff costs. It also showed that the presence of the Special Representative in the three countries has given impetus to programme delivery. Experience exchange, demonstration initiatives as part of longer-term strategies for policy and programme reform, and communications for development, including building local government partnerships, are staff-intensive. This is particularly true when bringing together different partners for consensus-building related to issues affecting children. Experience has shown that there is a need to provide additional programme and operational support. Good connectivity between the three offices is crucial to the good functioning of the Programme Manager System.

34. In Belarus, the Russian Federation and Ukraine, UNICEF will continue to share premises and common services with other United Nations agencies. This will provide for improved communication and cooperation with United Nations agencies, including UNDP, UNAIDS, UNESCO, UNHCR, UNFPA, the World Bank, other donors, and local and international NGOs in programme planning, information exchange and advocacy for children's rights.